ORD INFORMATION
RESOURCE CENTER, HCFA

MEDICARE / MEDICAID NURSING HOME INFORMATION

OHIO

Part 2

DAYTON to NAVARRE

87/88

U.S. DEPARTMENT OF
HEALTH AND HUMAN SERVICES
HEALTH CARE FINANCING ADMINISTRATION

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Pt. 2

MEDICARE/MEDICAID NURSING HOME INFORMATION

1987-1988

OHIO

Part 2

DAYTON TO NAVARRE

Otis R. Bowen, M.D.
Secretary
U.S. Department of Health & Human Services

William L. Roper, M.D.
Administrator
Health Care Financing Administration

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Washington, D.C. 20402

The Health Care Financing Administration (HCFA) was established on March 9, 1977, to combine health financing and quality assurance programs into a single agency. HCFA is responsible for the Medicare program, Federal participation in the Medicaid program, the Peer Review Organization program, the survey and certification program, and a variety of other health care quality assurance programs.

The mission of HCFA is to ensure the effective administration of its programs in order to promote the timely delivery of appropriate, quality health care to over 56 million of the nation's aged, disabled and poor. The agency must also ensure that beneficiaries are aware of the services for which they are eligible, that those services are accessible and of high quality and that agency policies and actions promote efficiency and quality within the total health care delivery system.

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DEPARTMENT OF HEALTH & HUMAN SERVICES

Health Care Financing Administration

The Administrator
Washington, D.C. 20201

INTRODUCTION

This publication is another significant step in the efforts of the Health Care Financing Administration to provide information to the public in an understandable and usable form. We believe we have an obligation as the federal agency responsible for the Medicare and Medicaid programs to provide a broad range of information about the health care paid for through these programs. Furthermore, we believe that this information is helpful to consumers, health care professionals, researchers, and the health care industry, and we intend to continue our efforts to expand and improve the information we release.

This publication focuses on nursing homes. This is clearly an area of critical concern to many Medicare and Medicaid beneficiaries, their families, and the public in general. As such, I can think of no more important area where we need to provide information to help consumers make informed decisions and to supply the nation's nursing homes information on their performance.

This information is the product of extensive consultation with many individuals, including recognized experts in long term care, consumer advocates, representatives of the nursing home industry, state governments, physicians and nursing home residents and their families. We are grateful for their assistance with this publication. We have made a great effort to make it as clear and useful as possible.

The primary purpose of this information is to provide a solid basis for further, informal inquiry. It is neither the final, definitive word on nursing home performance, nor a guide to answer all questions on selection of a nursing home. Rather, it provides a rich source of background materials on federal and state enforcement programs and considerable information on individual nursing homes.

When properly understood and used, this information is quite useful; it can also be misleading if interpreted incorrectly. To use this information properly, you should read carefully the introductory material, the sections on uses and limitations, how to read the profiles, and the glossary. These sections will assist you in correctly interpreting and making the best use of the information.

Because we realize the limitations of the information, especially in making individual judgments on specific nursing homes, we have included a section entitled, "Further Considerations." This section is designed to help individuals find additional sources of information and ask the kinds of questions that will provide the best information to help make personal decisions on nursing homes. We think individuals who use this information as a source document will be better informed about health care issues they or their family may face. We trust that as a result, they will make more informed and thus better decisions.

William L. Roper

William L. Roper, M.D.
Administrator

USES AND LIMITATIONS

Uses

The primary purpose of this report is to provide a ready source of understandable information about the population and performance of nursing homes. The information is most useful as a basis of inquiry, to assist in asking questions about individual facilities, trends and the enforcement process.

The information presented in this report is taken from the survey reports State surveyors fill out during their annual inspections of each nursing home that participates in Medicare and/or Medicaid. Copies of the full reports are available through the individual State survey agencies. The information describes what conditions were observed in the nursing home at the time of its most recent survey and it includes both:

- general information about a nursing home's population and the characteristics and care needs of its residents; and
- specific information about a nursing home's performance in terms of whether it was found to meet certain Federal requirements that provide some insight as to what kind of care the residents receive.

Making this information more accessible and understandable will benefit both the general public and the nursing home community. This type of information can help potential consumers first to ask knowledgeable questions of their physicians, nursing home representatives and long-term care ombudsmen and then to make informed decisions in the selection of a nursing home.

For example, the information will allow comparisons to be made among facilities as to the proportion of residents with severe skin problems, such as bed sores or other skin breakdowns. It is important to note, however, that while a high proportion of such residents might be indicative of poor quality care, it could also mean that the facility has special expertise in handling such problems and doctors refer their patients there. The consumer could then check related performance indicators (i.e., each resident receives care necessary to prevent skin breakdown; and each resident with a bed sore receives care necessary to promote the healing of the bed sore) to determine whether surveyors had identified any problems in this area and ask nursing home staff why so many residents were in need of special skin care. A subsequent section of this report (see "Further Considerations") provides an illustrative list of the types of questions that potential consumers might ask in the course of selecting a nursing home.

We expect that nursing homes, individually and as an industry, will find the information useful. It will provide information which will allow each facility to determine the health status of its residents in relation to other facilities in the State and the nation. It will also allow each facility to compare its compliance at the time of survey with the compliance of other nursing homes in the State and the nation. The information will also provide a valuable insight into the consistency of standards enforcement within a State and across the country.

Limitations

When properly understood and used, this information can be of significant value. However, responsible use of the information depends on a thorough understanding of its limitations.

First, any valid interpretation of this information must take into account the fact that the information comprises the individual judgments of more than 3,000 surveyors in 53 separate State survey agencies. Variations in the deficiency information may in part reflect differences among States and individual surveyors in how requirements are interpreted and applied, rather than genuine differences in facility performance. Similarly, care practices in the field may vary from area to area and differences in the information may reflect these variations as well.

Second, the deficiency findings are not a complete picture of the quality of care in a nursing home. Deficiency findings are a measure of compliance or non-compliance with a particular requirement, and the requirements are minimum standards that nursing homes must meet to participate in Medicare and/or Medicaid. Moreover, the information in each profile describes deficiency findings for only 32 out of more than 500 Federal regulatory requirements that are evaluated during a survey. The absence of a deficiency means that the home met the minimum standard at the time of survey, but the information cannot identify nursing homes that are providing outstanding quality care.

A third limitation stems from the periodic nature of a deficiency-based survey process. Findings are recorded in the course of the survey and thus reflect a ''snapshot'' of the conditions in the nursing home at that time. The information does not describe the home's success or failure in taking prompt corrective action to remedy problems. Similarly, there is no guarantee that those items in compliance with Federal requirements at the time of survey have remained in compliance.

Finally, the information reflects neither the duration nor the severity of identified deficiencies. A problem may represent a one-time failure of a single staff person, or it may represent an ongoing failure of the facility to provide acceptable quality care.

DESCRIPTION OF THE SURVEY AND CERTIFICATION PROCESS

The process of qualifying nursing homes for participation in the Medicare and/or Medicaid programs is known as the survey and certification process. Nursing homes that are approved to take part in Medicare and/or Medicaid and therefore qualified to receive Federal and State funds are required to meet standards set by Federal regulations. These standards are the way the Federal and State governments make sure that nursing homes that receive public monies provide quality care to residents. The standards are developed by the Health Care Financing Administration (HCFA), Department of Health and Human Services (DHHS). The State survey agency in each State inspects (surveys) homes to make sure they meet health, safety, and quality standards. The surveyors are State employees who use Federal forms and standards. HCFA pays States for this survey activity. Information from these surveys is stored in a centralized computer system in Baltimore, Maryland, which is the headquarters of HCFA. The information published in this report was obtained from this system.

The State survey agencies are required to inspect nursing homes at least once a year and report their findings to State and Federal officials. During a survey, a team of surveyors tours a nursing home and looks at all areas of the nursing home that affect the quality of care that residents receive. The size and composition of survey teams, as well as the duration of surveys, vary in different States and in facilities of different sizes.

Surveyors observe how care is actually given to residents. Surveyors interview a sample of the residents and review their medical records. They evaluate the preparation of meals and eating assistance techniques. They check whether residents get prescribed medications in the proper dosage at the correct times. Surveyors also review the records of nursing homes, interview nursing home staff, and observe the home for cleanliness, comfort and safety. These are some examples of what surveyors do when they inspect a nursing home.

The surveyors record their findings on Federal forms. When the survey is completed, they meet with the nursing home officials to discuss their findings. If problems were found by the surveyors, the nursing home has to submit a written plan of correction telling how it plans to correct the problems. If a nursing home is found to have problems, it is given a reasonable amount of time to correct them. State survey agencies use various methods of follow-up review, including revisiting the home to assure that the needed correction has taken place.

If the problems are serious enough to threaten the health and safety of the residents and/or a nursing home fails to correct the problems, the home will not be allowed to continue to participate in the Medicare and/or Medicaid programs. Short of this action, HCFA and the States can also employ an array of other enforcement actions to bring about compliance with State and Federal requirements. Examples of possible actions include monetary fines, bans on new admissions, transfer of residents to other facilities, or placement of the facility in a receivership (i.e., temporary government-ordered management). A description of the certification and licensure program specific to this State is provided in the following section of this report.

SOURCES OF INFORMATION

There are many sources you can go to in order to find out about a particular nursing home or about nursing homes in general. The best sources of information will likely be the State Health Department, the local or State long-term care ombudsman program or agency on aging. The ombudsman programs were established under the Older Americans Act to assist nursing home residents and those who represent them. See the "State Government" section below for information on how to contact the State ombudsman program.

Many other agencies and organizations have information on homes in order to make referrals to the public. It may be necessary to obtain information from several organizations before you find the information that you need or want.

Public and General Sources

There are many public and general sources of information on nursing homes. Some of these are:

- Social services departments in local hospitals;
- Nursing home provider associations like the American Health Care Association or the American Association of Homes for the Aging;
- State nursing home associations;
- City or county welfare departments;
- Religious groups; and
- Better Business Bureaus, local consumer protection offices, and other consumer information groups.

Others who can offer valuable advice include physicians, social workers, clergymen and friends or relatives who have placed someone in a nursing home.

State Government

The following pages give a description of the State licensure and enforcement programs. They also contain information about State government offices that you can contact to obtain information about nursing homes and about the State long-term care ombudsman program.

246 N. High Street
Post Office Box 118
Columbus, Ohio 43266-0118

Telephone (614) 466-3543

RICHARD F. CELESTE
Governor

Overview of Ohio's Nursing Home Licensure Program

The Ohio Department of Health is responsible for the inspection of "homes" and the enforcement of licensure regulations for all nursing homes licensed in Ohio. (In addition, the Ohio Department of Health under contract with the Federal Government, surveys nursing homes that participate in the Medicare and Medicaid programs to ensure that these nursing homes are in compliance with federal regulations.)

The laws of the State of Ohio require that all "homes" providing nursing care to three or more individuals be licensed by the State Department of Health as a nursing home. After the home is licensed, it may also, participate in the Medicare/Medicaid reimbursement programs, or it may operate as a private pay facility. The purpose of the licensure program is to assure that quality health care services are available to all of Ohio's nursing home residents. This goal is achieved by the enforcement of standards for operation, through annual inspections to determine compliance.

Ohio's licensing program is administered by the State Health Department's Bureau of Medical Services, Division of Licensure and Certification, Quality Control Program, and consists of a licensure administrator, licensing specialist and investigator of unlicensed homes. The annual inspections are conducting by the Survey Operations Program of the Division of Licensing and Certification, which has teams of surveyors located in five district offices.

Overview of Enforcement Structure

Revocation of a nursing home's license is authorized by section 3721.03 of the Ohio Revised Code for violation of the statutes or rules establishing licensure standards. Section 3721.07 of the Revised Code contains similar provisions for denial of license applications. The Ohio Department of Health must provide an evidentiary hearing, under the state's administrative procedures act, before taking these license actions. Section 3721.08 of the Revised Code authorizes the Director of Health to file a complaint for an injunction against a nursing home that is operating without a license or that presents a real and present danger to the health or safety of any occupants of the home. Section 3721.99 of the Revised Code provides for fines with maximum amounts of one hundred and five hundred dollars for violation the licensing statutes.

In addition, state law contains provisions relating to enforcement of patients' rights (administrative fines and a private right of action) and sanctions for medicaid fraud and abuse and for violation of other aspects of the medicaid reimbursement system and the certificate of need statutes. Other state statutes establish criminal penalties for abuse or neglect of nursing home residents.

Resources Available to Consumers

The Ohio Department of Health

Full copies of the Licensure inspection reports are available for public inspection at the Ohio Department of Health and are also, required to be available for inspection at the facility. Medicare and Medicaid certification reports are on file at Social Security Offices and at the County Department of Human Services as well as the Ohio Department of Health, complaints concerning the operation of a licensed home as well as those that may operate without a required license may be made by telephone or by letter to the Central Office in Columbus. Most other matters also, should be directed to the Central Office unless it has to do with specific survey issues.

Main Address: Ohio Department of Health
Bureau of Medical Services
246 North High Street
Columbus, Ohio 43266-0588

Telephone: (614)466-2070 General
(614)644-8562 Office of Public Relations

District Offices: Northeast - Akron, Ohio
(216)379-1300

Northwest - Bowling Green, Ohio
(419)352-6591

Southeast - Logan, Ohio
(614)385-6851

Southwest - Dayton, Ohio
(513)449-6250

Central - Columbus, Ohio
(614)466-5357

The Ohio Department of Human Services

Responsible for the administration and for reimbursement under the Medicaid program. In addition, Ohio Department of Human Services investigates complaints of discrimination against Medicaid beneficiaries seeking admission to Ohio nursing homes and investigates misuse of the Personal Needs Allowance received by residents who are Medicaid beneficiaries.

Main Address: Ohio Department of Human Services
Division of Long Term Care
30 East Broad Street
Columbus, Ohio 43266-0423

Telephone: Division Chief (614)466-9243

Policy Unit (614)466-9243

Bureau of Developmental
Disabled Services (614)466-6694

Bureau of Community Services
(614)466-6742

Bureau of Audits and Reimbursements
(614)466-8460

Bureau of Resident Services
(614)466-8618

The Ohio Department of Aging

Administers the Office of the State Long Term Care Facilities Ombudsman. This Office, through its twelve regional ombudsmen programs responds to complaints filed on behalf of the residents of nursing homes. The Office maintains a toll-free hotline for receipt of complaints. The goal of the Office is to resolve complaints through negotiation and mediation with nursing homes. Ohio Department of Aging also, is responsible for the investigation of violations of the Ohio Nursing Home Residents' Bill of Rights. Ohio Department of Aging maintains in investigative unit apart from the Ombudsman program that can bring formal charges against nursing homes that violate the rights of residents. These charges can lead to compliance orders and/or fines against a nursing home found to be in violation.

Main Address: Ohio Department of Aging
Long Term Care Facilities Ombudsman
Ninth Floor
50 West Broad Street
Columbus, Ohio 43266-0501

Telephone: (614)466-1220
TDD: (614)466-6191
Toll Free: (800)282-1206

The Board of Examiners of Nursing Home Administrators

Licenses Administrators of Long Term Care Facilities.

Address: Board of Examiners
Nursing Home Administrators
P.O. Box 118
131 North High Street
Columbus, Ohio 43266-0118

Telephone: (614)466-5114

The Ohio Attorney General

Responsible for the investigation of Medicaid fraud. In addition, this unit also conducts investigations of resident neglect or abuse that can lead to the filing of criminal charges. The Attorney General's office maintains a toll-free number for the receipt of these complaints (1-800-64-ABUSE). Please see the attached information provided by the Attorney General.

Attorney General
Anthony J. Celebrezze, Jr.

The Division of Medicaid Fraud Control (DMFC) within the office of Attorney General Anthony J. Celebrezze, Jr., has two (2) important functions in relation to the enforcement efforts of the State of Ohio with respect to nursing homes. The first of these functions is that of investigating and prosecuting health care providers who defraud the Medicaid program. The second function is to conduct investigations and prosecutions arising from allegations of patient abuse and neglect in any of Ohio's care facilities. These functions are performed out of the offices of the DMFC, located at 65 S. Front St., Suite 406, Columbus, Ohio 43266.

In order to fulfill its responsibilities with respect to Medicaid fraud, the DMFC has employed eighteen (18) Special Agents and eight (8) attorneys. These persons are assigned to investigate and prosecute the various allegations of Medicaid fraud received by the Division from all over the State of Ohio. These investigations are conducted in conjunction with a Special Grand Jury impanelled by the Court of Common Pleas of Franklin County, Ohio. That grand jury has the authority to issue subpoenas requiring the attendance of witnesses and the production of documents relevant to Medicaid fraud investigations. Moreover, that grand jury has the power to issue indictments charging individuals or organizational entities with crimes against the Medicaid program. Indictments returned by the Special Grand Jury most frequently charge the crimes of Theft, Forgery and Medicaid Fraud.

With respect to investigations of patient abuse and neglect, the DMFC currently has a staff of six (6) Special Agents and two (2)

attorneys. These persons are responsible for investigating and preparing for prosecution, when appropriate, all allegations of abuse and neglect of which the division becomes aware. This authority was recently conferred on the Office of the Attorney General through Revised Code Section 109.86. That code section was enacted as part of Amended H.B. 566, which became effective in Ohio on September 17, 1986. In addition to empowering the Attorney General's Office to investigate and prosecute instances of abuse and neglect, that bill also created four (4) new criminal offenses dealing with the abuse of patients or residents of Ohio's care facilities. These new offenses are found in Revised Code Section 2903.34. That code section proscribes the following offenses:

1. Gross Abuse - knowingly causing serious physical harm to a person by physical contact;

2. Abuse - knowingly causing physical harm or recklessly causing serious physical harm to a person by physical contact or by the inappropriate use of a physical or chemical restraint, medication or isolation;

3. Gross Neglect - knowingly failing to provide a person with any treatment, care, goods or service necessary to maintain the health or safety of a person when the failure results in physical harm or serious physical harm; and

4. Neglect - recklessly failing to provide a person with any treatment, care, goods or service necessary to maintain the health or safety of a person when the failure results in serious physical harm to the person.

Instances of abuse and neglect may be reported to the Office of the Attorney General through a toll-free hot-line operated on a twenty-four hour basis. The number for that hot-line is 1-800-64-ABUSE.

Federal Government

Some agencies of the Department of Health and Human Services (DHHS) also have information about nursing homes. These agencies are:

Office of the Inspector General (OIG)

The mission of the OIG is to maintain the integrity of DHHS' programs by investigating any reports of fraud, waste or abuse by doctors, hospitals or other providers of health care services such as nursing homes.

If you have reason to believe that a health care service provider is performing unnecessary or inappropriate services or is billing Medicare for services you did not receive, a toll-free Hot Line has been installed by the Department of Health and Human Services' Inspector General.

Toll Free Numbers
Outside Maryland: 1-(800) 368-5779
Inside Maryland: 1-(800) 638-3986

Note: Medicaid issues should first be referred to the appropriate State agency before contacting the OIG Hot Line. In most States, the State fraud and abuse units can be located through the State Office of the Attorney General.

Administration on Aging (AoA)

The mission of the AoA is to administer the programs and related provisions of the Older Americans Act in a manner which:

1) creates and supports a national network on aging;
2) develops and oversees a responsive system of services and opportunities to meet the needs of the elderly; and
3) serves as a visible advocate on behalf of the elderly in the entire nation.

The Regional AoA Offices listed below can help to put you in touch with the appropriate State or local authorities, depending on the nature of your inquiry or concern.

AoA Regional Offices

Regional Program Director, AoA
DHHS Region I
Room 2011
JFK Federal Building
Boston, MA 02203
(617) 565-1158

Regional Program Director, AoA
DHHS Region II
Room 4149
26 Federal Plaza
New York, NY 10278
(212) 264-3472

Regional Program Director, AoA
DHHS Region III
3535 Market Street
P.O. Box 13716
Philadelphia, PA 19101
(215) 596-0334

Regional Program Director, AoA
DHHS Region IV
Suite 903
101 Marietta Tower
Atlanta, GA 30323
(404) 331-5900

Regional Program Director, AoA
DHHS Region V
13th Floor
300 South Wacker Drive
Chicago, IL 60606
(312) 353-3141

Regional Program Director, AoA
DHHS Region VI
Room 1000
1200 Main Tower Building
Dallas, TX 75202
(214) 767-2971

Regional Program Director, AoA
DHHS Region VII
Room 384
601 East 12th Street
Kansas City, MO 64106
(816) 426-2955

Regional Program Director, AoA
DHHS Region VIII
Room 1185
Federal Office Building
1961 Stout Street
Denver, CO 80294
(303) 844-2951

Regional Program Director, AoA
DHHS Region IX
Room 480
Federal Office Building
50 United Nations Plaza
San Francisco, CA 94102
(415) 556-6003

Regional Program Director, AoA
DHHS Region X
The Third and Broad Building
2901 Third Avenue
Seattle, WA 98121
(206) 442-5341

Office for Civil Rights (OCR)

The mission of OCR is to enforce civil rights statutes that prohibit discrimination in DHHS' programs and to generate voluntary compliance. You may wish to contact an OCR office to report incidents of discrimination by a nursing home or to check on a facility's previous record in this regard.

OCR Regional Offices

Director, OCR
DHHS Region I
Room 2403
JFK Federal Building
Boston, MA 02203
(617) 565-1340

Director, OCR
DHHS Region II
Room 3312
26 Federal Plaza
New York, NY 10278
(212) 264-3313

Director, OCR
DHHS Region III
Room 6300
3535 Market Street
P.O. Box 13716
Philadelphia, PA 19101
(215) 596-1262

Director, OCR
DHHS Region IV
Room 1502
101 Marietta Tower
Atlanta, GA 30323
(404) 331-2779

Director, OCR
DHHS Region V
33rd Floor
300 South Wacker Drive
Chicago, IL 60606
(312) 353-2520

Director, OCR
DHHS Region VI
Room 1360
1200 Main Tower Building
Dallas, TX 75202
(214) 767-4056

Director, OCR
DHHS Region VII
Room 248
601 East 12th Street
Kansas City, MO 64106
(816) 426-7277

Director, OCR
DHHS Region VIII
Room 844
Federal Office Building
1961 Stout Street
Denver, CO 80294
(303) 844-2024

Director, OCR
DHHS Region IX
Room 322
Federal Office Building
50 United Nations Plaza
San Francisco, CA 94102
(415) 556-8586

Director, OCR
DHHS Region X
The Third and Broad Building
2901 Third Avenue
Seattle, WA 98121
(206) 442-0473

Health Care Financing Administration (HCFA)

The mission of HCFA is to administer the Medicare and Medicaid programs in a manner which promotes:

1) quality health care to eligible beneficiaries;
2) awareness of the services for which beneficiaries are eligible; and
3) efficiency and quality within the total health care delivery system.

Listed below are the HCFA offices responsible for overseeing the State survey and certification programs:

HCFA Regional Offices

Associate Regional Administrator
DHHS Region I, HCFA
Division of Health Standards and Quality
Room 1309
JFK Federal Building
Boston, MA 02203
(617) 565-1331

Associate Regional Administrator
DHHS Region II, HCFA
Division of Health Standards and Quality
Room 3821
26 Federal Plaza
New York, NY 10278
(212) 264-3219

Associate Regional Administrator
DHHS Region III, HCFA
Division of Health Standards and Quality
3535 Market Street
P.O. Box 7760
Philadelphia, PA 19101
(215) 596-0997

Associate Regional Administrator
DHHS Region IV, HCFA
Division of Health Standards and Quality
Suite 601
101 Marietta Tower
Atlanta, GA 30323
(404) 331-2488

Associate Regional Administrator
DHHS Region V, HCFA
Division of Health Standards and Quality
Room 941
175 West Jackson Boulevard
Chicago, IL 60604
(312) 353-9804

Associate Regional Administrator
DHHS Region VI, HCFA
Division of Health Standards and Quality
Room 2000
1200 Main Tower Building
Dallas, TX 75202
(214) 767-6301

Associate Regional Administrator
DHHS Region VII, HCFA
Division of Health Standards and Quality
Room 284
601 East 12th Street
Kansas City, MO 64106
(816) 374-2408

Associate Regional Administrator
DHHS Region VIII, HCFA
Division of Health Standards and Quality
Room 1194
Federal Office Building
1961 Stout Street
Denver, CO 80294
(303) 844-4721

Associate Regional Administrator
DHHS Region IX, HCFA
Division of Health Standards and Quality
100 Van Ness Avenue
San Francisco, CA 94102
(415) 556-0041

Associate Regional Administrator
DHHS Region X, HCFA
Division of Health Standards and Quality
2901 Third Avenue
Seattle, WA 98121
(206) 442-0511

If you wish to contact any of the DHHS agencies, the following list outlines which DHHS regional office has responsibility for your State.

Region I/Boston

Connecticut, Maine, Massachusetts, New Hampshire, Rhode Island, and Vermont

Region II/New York

New Jersey, New York, Puerto Rico, and Virgin Islands

Region III/Philadelphia

Delaware, District of Columbia, Maryland, Pennsylvania, Virginia, and West Virginia

Region IV/Atlanta

Alabama, Florida, Georgia, Kentucky, Mississippi, North Carolina, South Carolina, and Tennessee

Region V/Chicago

Illinois, Indiana, Michigan, Minnesota, Ohio, and Wisconsin

Region VI/Dallas

Arkansas, Louisiana, New Mexico, Oklahoma, and Texas

Region VII/Kansas City

Iowa, Kansas, Missouri, and Nebraska

Region VIII/Denver

Colorado, Montana, North Dakota, South Dakota, Utah, and Wyoming

Region IX/San Francisco

Arizona, California, Hawaii, Nevada, American Samoa, and Guam

Region X/Seattle

Alaska, Idaho, Oregon, and Washington

FURTHER CONSIDERATIONS

The information presented in this report can be an important source for potential nursing home consumers and their families to consult during the process of selecting a nursing home. It is also important that potential consumers and their families ask questions of their physicians, nursing home personnel and consumer representatives (such as local long-term care ombudsmen) to help guide them in selecting the best possible facility to meet their needs. The best way to find out about a nursing home is to take the time to visit the home in person, if possible, before you make your choice.

Listed below are some examples of the kinds of questions that potential nursing home consumers should ask before selecting a home and some things you should do to find out about the home during your visit. These questions are intended to augment the information contained in this report. Keep in mind that they are not a comprehensive list but an illustrative list of suggested issues that should be considered in choosing a nursing home.

General

- Find out who owns the home and whether it is approved for participation in the Medicare or Medicaid programs.
- Make an appointment to visit the home. Meet with the administrator, the director of nursing and the director of social services and ask them about the history of the home and the services it offers.
- Ask about the home's last survey, what problems were found and if and how they have been corrected. Ask whether the facility has been surveyed since the survey described in this report. You can ask to see the survey results.
- Ask whether the State has initiated any punitive actions against the home in the last 2 years, and if so, what actions were taken and how they were resolved. You may want to verify this information through other sources such as the State nursing home ombudsman.
- Ask about the home's admission policies and ask for a copy of any admission agreement that is required.
- Ask to see a copy of the home's residents' rights policy. Does the facility have any special programs/procedures to help educate residents and staff about their rights? You can observe for yourself during your visit how well the home is honoring these rights.
- Ask about the home's basic daily rate and what is included in the charges. Also ask how the home handles residents' personal funds, if such assistance is necessary.
- Find out about the home's visiting hours and what choices residents have as to the time they can get up, eat and go to bed.
- See if residents look well cared for and properly groomed. Do staff treat the residents with courtesy and respect? If the opportunity arises, chat with a resident or two to get their impressions.
- Find out if the home has an organized resident council or other type of resident group. How often does it meet and what are some of its activities and accomplishments? Also, is there an organized family council that family members can participate in?

Physical Environment

- Ask for a tour of the facility and try to see all the major areas of the home, including dining areas and some residents' rooms.
- Note whether the home is an attractive, clean and comfortable place to be. Is it well-lit and ventilated and free of potential health hazards such as obstacles in hallways or underfoot? Is it free from insects and rodents?
- Look at the residents' lounge and other common areas and see if they look comfortable and whether they are used by residents. Do residents have the opportunity to sit outdoors in comfortable, safe surroundings?
- Check toilet and bathing facilities and note whether they are clean, sanitary and reasonably free of odors. Are they easily accessible to handicapped residents?
- Note whether residents' rooms have windows and access to the corridor. Does each resident have a reading light, comfortable chair, sufficient closet space? How many people are in each room and are there privacy curtains?

Medical and Nursing Services

- Find out how medical care and direction is provided in the facility. Who is the medical director? Will a resident's personal physician be able to visit as needed, and cooperate with the medical director? What happens if hospital or emergency care is needed?
- Ask if the home specializes in providing any particular type of medical care. Be sure to inquire about how the home cares for residents who share your particular medical problems or care needs.
- Ask about the availability of specialized care to restore physical abilities lost due to illness or injury. Physical therapy, speech therapy and occupational therapy are examples of this type of specialized care.
- Ask how many registered nurses and licensed practical nurses are employed by the home and how many of each are on duty during days, evenings, nights and weekends. How many residents are under the care of each type of nurse?
- Ask how often a resident's medication schedule is reviewed for possible dosage reductions, adverse interactions or reactions, or expirations. Who is accountable for pharmaceutical services?
- Ask how the home provides dental care to its residents.

Food

- Ask at what times meals are served and whether snacks are available. Ask to see the menus for a week. Are substitutions readily available?
- Observe how food is served. Does it look appetizing? Do residents appear to be enjoying their meals?

Social Services and Activities

- Ask to see the schedule of activities for a week. Does the facility have a varied activities program suitable for residents with different interests and capabilities?
- Ask if there is an activities coordinator and see if there is suitable space available for activities.
- Find out whether the facility has a full-time social services director and ask what social services and mental health and other counseling services are available to residents and their families. Does the facility have specialized services/programs available for residents with special disorders and disabilities, including Alzheimer's Disease?

GLOSSARY OF TERMS

Resident Characteristics and Facility Performance Indicators

This glossary contains terms used to describe certain common features or characteristics of people who enter nursing facilities and common features or indicators of how well the facility provides quality care.

Bed Sore. A bed sore is an open sore that occurs more often to a resident with little muscle tissue or fat and who remains in one position for a long period of time. A bed sore may form on bony areas, such as at the base of the spine, heels, and ankles. Other names for a bed sore are "pressure sore" or "decubitus."

Catheter. See **Urinary Catheter.**

Colostomy or Ileostomy. A resident who has serious intestinal difficulties may have surgery which creates an artificial opening at the abdomen for bowel movements. Colostomy or ileostomy care involves keeping the skin around the colostomy or ileostomy clean and free from sores. For a resident who wears a bag to collect bowel movements, care also involves emptying the bag regularly and keeping the bag free of odor.

Fluids Supplied Through Tubes. A resident who cannot eat enough food to stay healthy may receive nourishment in the form of fluids prescribed by a physician. These fluids are usually given by inserting a needle or a tube into a vein. Care involves making sure that the needle or tube stays free of germs and that it stays in the vein.

Incompetent. A resident who cannot make decisions because of impairments in mental ability may be called incompetent. This is often a legal term meaning a court has decided that the person cannot make decisions, but it is also used as a descriptive term.

Injections. Medicine given by inserting a needle into muscle or tissue.

Isolation Techniques. These are methods to ensure that infection does not spread from one part of a resident's body to another, or from one resident to another.

Rehabilitative Bowel and Bladder Training. A resident with difficulty controlling bowel or bladder may participate in a program to learn to control these functions.

Respiratory Care. A resident who has trouble breathing may need assistance which may be given by breathing in extra oxygen or receiving medication. Respiratory care involves giving the amount of oxygen or medication in the way and in the amount that the doctor has ordered.

Restraints. Residents who need to be protected from hurting themselves or others may need to be restrained. One type of restraint is physical. For example, to keep a resident from falling out of a wheelchair a physician may prescribe a cloth protective device or a vest. Drugs (medications) may also be provided to treat and modify a resident's physically aggressive behavior. However, medications must be prescribed in doses and for a length of time necessary to treat symptoms.

Skin Breakdown. When a resident remains in one position for a long period of time, his or her skin may be damaged. One of the first signals that this is happening is that reddened areas appear on the places where the resident has placed pressure from sitting in a chair or lying in bed. These reddened areas do not go away even after the positioning of the resident has been changed. If special care is not given, bed sores may develop. See **Bed Sore.**

Suctioning. A resident who is unable to cough up fluids or mucus in the air passages may have a tube inserted into the air passages to suck the fluids out. Care involves making sure that the fluids are removed as often as necessary and that the tube used is always free of germs.

Tracheotomy Care. A resident who has difficulty breathing may have an operation which makes a breathing passage from the base of the neck into the lungs. This opening is called a tracheotomy. Care involves keeping the breathing passage clean and free from congestion.

Transferring. This term has two meanings. First, it is used to describe the extent to which a resident is dependent on others to move from bed to chair, bed to toilet, chair to bath, etc. Transferring is also used to describe moving from one section of a facility to another or from one facility to another.

Urinary Catheter. A tube inserted into the bladder to remove urine.

Before reading the individual nursing home profiles that make up this report, it would be helpful to understand the format and presentation of the information in each profile.

EXAMPLE

NURSING HOME PROFILE
Happy Valley Nursing Home

Street Address:		City and State:	
Participation:	# of Beds:	Type of Ownership:	Survey Date:

The first 3 lines of the profile contain basic information about each nursing home. Following is an explanation of the items included:

Name: Self-explanatory
Street Address: Self-explanatory
City and State: Self-explanatory

Participation: The information in this block indicates whether the nursing home participates in the Medicare program, the Medicaid program, or both programs. In addition, this block identifies the level of care that the nursing home provides. These include:

Skilled Nursing Facility (SNF)—A nursing home which provides the level of care that comes closest to hospital care with 24-hour nursing services. Regular medical supervision and rehabilitation therapy are also provided. Generally, a skilled nursing facility cares for convalescent patients and those with long-term illnesses.

Intermediate Care Facility (ICF)—A nursing home which provides less extensive health related care and services. It has regular nursing service, but not around the clock. Most intermediate care facilities carry on rehabilitation programs, with an emphasis on personal care and social services. Mainly, these homes serve people who are not fully capable of living by themselves, yet are not necessarily ill enough to need 24-hour nursing care.

Many nursing homes participate in both the Medicare and Medicaid programs, and qualify as both skilled nursing facilities and intermediate care facilities.

Number of Beds: This is the total number of beds in the nursing home, including those that are approved for Medicare and Medicaid and those that are not. Many nursing homes have beds that are "private;" these are included in the number even though the facility does not receive Medicare or Medicaid money for them.

Type of Ownership: This block describes the type of organization that operates the nursing home. These include:

Non-profit-religious—A nursing home affiliated with a religious organization, governed by a board of directors and financed largely by contributions.

Non-profit-private—A nursing home not affiliated with a religious or a community based organization and financed largely by contributions.

Non-profit-other—A nursing home which is generally governed by a community based board of directors and financed largely by contributions.

Proprietary—A nursing home operated for profit.

Government—A nursing home primarily administered by the Federal government, the State, or the county, city or other local unit of government.

Survey Date: The day on which the nursing home inspection described in this report was completed. All of the information contained in the nursing home profile reflects the conditions on this date. Note that surveys are being conducted on an ongoing basis, and thus, more recent survey results may become available subsequent to publication of this report.

EXAMPLE

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:

Caution: *A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.*	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	78	83.0	81.0	81.0

The "Selected Resident Characteristics" section of the profile contains important information describing the population of the nursing home. Surveyors obtain this information from the facility at the time of survey. The first line of this section shows the total number of residents living in the home and indicates how many of the home's residents are Medicare or Medicaid recipients. Next, the profile tells how many of the nursing home's residents fall into each of 13 selected care categories. These categories reflect common characteristics of nursing home residents that relate to the amount and types of care that they need. They describe the degree of assistance required by residents in carrying out the basic activities of daily living (e.g., bathing, dressing, eating) as well as other characteristics that provide information on the health care needs of residents (e.g., residents who are unable to get out of bed without assistance, residents with special skin care needs, residents on bowel and bladder retraining programs.)

The example above shows the first care category included in each nursing home profile, "Bathing." Following is an explanation of information provided in the profile:

Column 1—Facility, #: Indicates that 78 residents of the nursing home require some or total assistance in bathing.

Column 2—Facility, %: Indicates that the 78 residents who require assistance in bathing represent 83% of the nursing home's total population.

Column 3—State, %: Indicates that, in the State where the nursing home is located, 81% of all skilled nursing facility residents require assistance in bathing.

Column 4—Nation, %: Indicates that, for the nation as a whole, 81% of all skilled nursing facility residents require assistance in bathing.

The profile then provides similar information for each of the remaining care categories. Note that many residents will be included in more than one of the care categories.

EXAMPLE

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: *These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.*	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	6	5.0	489	5.0

The last section of the profile "Selected Performance Indicators," tells about the nursing home's performance in meeting Federal quality of care requirements. The profile includes 32 performance indicators selected for their usefulness in describing important aspects of a nursing home's performance. Each indicator is based on a specific regulatory requirement that nursing homes must meet to participate in Medicare or Medicaid.

As shown in the example above, the profile indicates for each performance indicator whether the nursing home met or did not meet minimum Federal requirements on the date of its most recent inspection by State surveyors. Following is an explanation of the information provided in the sample profile for the first performance indicator, "The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed."

Column 1—Facility Met/Not Met: Shows either "Met" or "Not Met." "Met" means that the nursing home performed satisfactorily in this area. "Not Met" would mean that the home did not perform satisfactorily in this area.

Column 2—State, #: Indicates that there were 6 skilled nursing facilities in the State that did not perform satisfactorily in this area.

Column 3—State, %: Indicates that the 6 facilities that did not perform satisfactorily represent 5% of the skilled nursing facilities in the State.

Column 4—Nation, #: Indicates that there were 489 skilled nursing facilities in the nation that did not perform satisfactorily in this area.

Column 5—Nation, %: Indicates that the 489 facilities that did not perform satisfactorily represent 5% of all skilled nursing facilities in the nation.

NURSING HOME PROFILE
ALTA NURSING HOME

Street Address:		City and State:	
20 LIVINGSTON AVENUE		DAYTON OH 45403	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF/ICF	100	PROPRIETARY	12/23/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
98	0	66

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	62	63.3	83.6	81.5
Dressing				
Residents requiring some or total assistance in dressing.	94	95.9	87.3	83.2
Toileting				
Residents requiring some or total assistance in toileting.	57	58.2	74.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	84	85.7	77.5	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	53	54.1	67.5	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	5.6	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	46	46.9	43.0	37.7
Completely bedfast residents.	4	4.1	3.4	3.4
Residents confined to chairs.	41	41.8	49.1	50.8
Residents requiring restraints.	42	42.9	43.2	41.3
Confused or disoriented residents.	80	81.6	59.0	58.4
Residents with bed sores.	5	5.1	7.6	7.1
Residents receiving special skin care.	33	33.7	28.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	6.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	13	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	8	1.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	57	12.7	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	86	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	5	1.1	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	60	13.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	103	22.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	96	21.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	54	12.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	72	16.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	107	23.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	73	16.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	91	20.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	72	16.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	133	29.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	113	25.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	50	11.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	30	6.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	56	12.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	153	34.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	138	30.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	60	13.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	49	10.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	10.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	143	31.8	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	21	4.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	283	62.9	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
BARNETT STILHAVEN NURSING HOME

Street Address:		City and State:	
201 CENTRAL AVENUE		DAYTON OH 45406	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	50	PROPRIETARY	01/28/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
49	0	48

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	33	67.3	78.6	78.3
Dressing				
Residents requiring some or total assistance in dressing.	46	93.9	81.6	76.7
Toileting				
Residents requiring some or total assistance in toileting.	37	75.5	65.9	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	17	34.7	71.1	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	23	46.9	62.7	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	8.0	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	18	36.7	33.9	29.3
Completely bedfast residents.	0	0.0	1.6	3.6
Residents confined to chairs.	12	24.5	37.3	39.1
Residents requiring restraints.	11	22.4	36.1	31.7
Confused or disoriented residents.	23	46.9	60.6	55.8
Residents with bed sores.	3	6.1	5.3	4.7
Residents receiving special skin care.	3	6.1	23.5	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	32	6.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	11	2.2	198	3.6
Each resident is free from mental and physical abuse.	MET	7	1.4	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	64	12.9	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	91	18.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	11	2.2	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.4	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	58	11.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	96	19.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	71	14.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	55	11.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	57	11.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	67	13.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	90	18.1	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	64	12.9	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	128	25.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	181	36.4	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	51	10.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	53	10.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	79	15.9	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	175	35.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	168	33.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	124	24.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	18	3.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	313	63.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
BETHANY LUTHERAN VILLAGE

Street Address:		City and State:	
6451 FAR HILLS AVENUE		DAYTON OH 45459	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF/ICF	232	NON-PROFIT RELIGIOUS	01/14/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
223	1	55

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	167	74.9	83.6	81.5
Dressing				
Residents requiring some or total assistance in dressing.	153	68.6	87.3	83.2
Toileting				
Residents requiring some or total assistance in toileting.	119	53.4	74.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	117	52.5	77.5	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	121	54.3	67.5	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	5.6	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	61	27.4	43.0	37.7
Completely bedfast residents.	6	2.7	3.4	3.4
Residents confined to chairs.	65	29.1	49.1	50.8
Residents requiring restraints.	73	32.7	43.2	41.3
Confused or disoriented residents.	124	55.6	59.0	58.4
Residents with bed sores.	6	2.7	7.6	7.1
Residents receiving special skin care.	44	19.7	28.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	6.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	13	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	8	1.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	57	12.7	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	86	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	5	1.1	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	60	13.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	103	22.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	96	21.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	54	12.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	72	16.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	107	23.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	73	16.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	91	20.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	72	16.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	133	29.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	113	25.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	50	11.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	30	6.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	56	12.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	153	34.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	138	30.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	60	13.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	49	10.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	10.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	143	31.8	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	21	4.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	283	62.9	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
CATALPA MANOR

Street Address:		City and State:	
3650 KLEPINGER RD		DAYTON OH 45416	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	201	NON-PROFIT OTHER	07/17/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
196	0	148

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	169	86.2	78.6	78.3
Dressing				
Residents requiring some or total assistance in dressing.	165	84.2	81.6	76.7
Toileting				
Residents requiring some or total assistance in toileting.	94	48.0	65.9	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	132	67.3	71.1	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	146	74.5	62.7	59.1
Residents on individually written bowel and bladder retraining program.	19	9.7	8.0	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	98	50.0	33.9	29.3
Completely bedfast residents.	8	4.1	1.6	3.6
Residents confined to chairs.	110	56.1	37.3	39.1
Residents requiring restraints.	93	47.4	36.1	31.7
Confused or disoriented residents.	94	48.0	60.6	55.8
Residents with bed sores.	31	15.8	5.3	4.7
Residents receiving special skin care.	42	21.4	23.5	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	32	6.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	11	2.2	198	3.6
Each resident is free from mental and physical abuse.	MET	7	1.4	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	64	12.9	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	91	18.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	11	2.2	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	NOT MET	2	0.4	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	NOT MET	58	11.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	96	19.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	NOT MET	71	14.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	55	11.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	57	11.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	67	13.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	35	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	90	18.1	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	64	12.9	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	128	25.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	181	36.4	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	51	10.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	53	10.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	79	15.9	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	175	35.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	168	33.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	124	24.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	18	3.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	313	63.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
CRAWFORD CONVALSCENT CENTER

Street Address:		City and State:	
806 WEST FIFTH STREET		DAYTON OH 45407	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	58	PROPRIETARY	03/30/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
34	0	34

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	29	85.3	78.6	78.3
Dressing				
Residents requiring some or total assistance in dressing.	28	82.4	81.6	76.7
Toileting				
Residents requiring some or total assistance in toileting.	20	58.8	65.9	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	24	70.6	71.1	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	20	58.8	62.7	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	8.0	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	12	35.3	33.9	29.3
Completely bedfast residents.	1	2.9	1.6	3.6
Residents confined to chairs.	11	32.4	37.3	39.1
Residents requiring restraints.	4	11.8	36.1	31.7
Confused or disoriented residents.	8	23.5	60.6	55.8
Residents with bed sores.	2	5.9	5.3	4.7
Residents receiving special skin care.	0	0.0	23.5	24.0

SELECTED PERFORMANCE INDICATORS

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		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	32	6.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	11	2.2	198	3.6
Each resident is free from mental and physical abuse.	MET	7	1.4	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	64	12.9	564	10.3
Each resident is given privacy during treatment and care of personal needs.	NOT MET	91	18.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	11	2.2	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.4	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	NOT MET	58	11.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	96	19.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	NOT MET	71	14.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	55	11.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	57	11.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	67	13.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	90	18.1	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	64	12.9	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	128	25.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	181	36.4	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	51	10.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	53	10.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	79	15.9	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	175	35.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	168	33.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	124	24.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	18	3.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	313	63.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
CRESTVIEW NURSING HOME II

Street Address:		City and State:	
4381 TONAWANDA TRAIL		DAYTON OH 45430	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF/ICF	102	PROPRIETARY	03/28/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
98	0	54

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	94	95.9	83.6	81.5
Dressing				
Residents requiring some or total assistance in dressing.	87	88.8	87.3	83.2
Toileting				
Residents requiring some or total assistance in toileting.	80	81.6	74.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	98	100	77.5	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	98	100	67.5	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	5.6	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	48	49.0	43.0	37.7
Completely bedfast residents.	3	3.1	3.4	3.4
Residents confined to chairs.	43	43.9	49.1	50.8
Residents requiring restraints.	70	71.4	43.2	41.3
Confused or disoriented residents.	73	74.5	59.0	58.4
Residents with bed sores.	11	11.2	7.6	7.1
Residents receiving special skin care.	11	11.2	28.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

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		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	6.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	13	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	8	1.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	57	12.7	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	86	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	5	1.1	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	NOT MET	60	13.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	103	22.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	96	21.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	54	12.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	72	16.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	107	23.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	73	16.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	91	20.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	72	16.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	133	29.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	113	25.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	50	11.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	30	6.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	56	12.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	153	34.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	138	30.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	60	13.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	49	10.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	10.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	143	31.8	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	21	4.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	283	62.9	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
DAYTON QUALITY CARE CENTER

Street Address:		City and State:	
652 SUPERIOR AVENUE		DAYTON OH 45407	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	38	PROPRIETARY	06/17/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
36	0	33

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	12	33.3	78.6	78.3
Dressing				
Residents requiring some or total assistance in dressing.	20	55.6	81.6	76.7
Toileting				
Residents requiring some or total assistance in toileting.	17	47.2	65.9	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	13	36.1	71.1	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	16	44.4	62.7	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	8.0	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	1	2.8	33.9	29.3
Completely bedfast residents.	0	0.0	1.6	3.6
Residents confined to chairs.	4	11.1	37.3	39.1
Residents requiring restraints.	5	13.9	36.1	31.7
Confused or disoriented residents.	22	61.1	60.6	55.8
Residents with bed sores.	1	2.8	5.3	4.7
Residents receiving special skin care.	9	25.0	23.5	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	32	6.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	11	2.2	198	3.6
Each resident is free from mental and physical abuse.	MET	7	1.4	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	64	12.9	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	91	18.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	11	2.2	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.4	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	58	11.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	96	19.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	71	14.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	55	11.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	57	11.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	67	13.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	90	18.1	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	64	12.9	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	128	25.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	181	36.4	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	51	10.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	53	10.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	79	15.9	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	175	35.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	168	33.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	124	24.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	18	3.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	313	63.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
EASTVIEW NURSING HOME

Street Address:		City and State:	
519 MCLAIN STREET		DAYTON OH 45410	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	24	PROPRIETARY	02/23/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
22	0	22

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	14	63.6	78.6	78.3
Dressing				
Residents requiring some or total assistance in dressing.	19	86.4	81.6	76.7
Toileting				
Residents requiring some or total assistance in toileting.	10	45.5	65.9	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	8	36.4	71.1	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	12	54.5	62.7	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	8.0	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	15	68.2	33.9	29.3
Completely bedfast residents.	0	0.0	1.6	3.6
Residents confined to chairs.	1	4.5	37.3	39.1
Residents requiring restraints.	3	13.6	36.1	31.7
Confused or disoriented residents.	22	100	60.6	55.8
Residents with bed sores.	1	4.5	5.3	4.7
Residents receiving special skin care.	0	0.0	23.5	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	32	6.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	11	2.2	198	3.6
Each resident is free from mental and physical abuse.	MET	7	1.4	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	64	12.9	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	91	18.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	11	2.2	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.4	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	58	11.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	96	19.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	71	14.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	55	11.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	57	11.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	67	13.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	90	18.1	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	64	12.9	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	128	25.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	181	36.4	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	51	10.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	53	10.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	79	15.9	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	175	35.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	168	33.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	124	24.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	18	3.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	313	63.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
FRIENDSHIP VILLAGE

Street Address:		City and State:	
5790 DENLINGER RD		DAYTON OH 45426	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE SNF	97	NON-PROFIT OTHER	08/20/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
88	1	0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	82	93.2	83.6	81.5
Dressing				
Residents requiring some or total assistance in dressing.	83	94.3	87.3	83.2
Toileting				
Residents requiring some or total assistance in toileting.	79	89.8	74.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	79	89.8	77.5	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	82	93.2	67.5	68.2
Residents on individually written bowel and bladder retraining program.	4	4.5	5.6	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	40	45.5	43.0	37.7
Completely bedfast residents.	0	0.0	3.4	3.4
Residents confined to chairs.	23	26.1	49.1	50.8
Residents requiring restraints.	34	38.6	43.2	41.3
Confused or disoriented residents.	47	53.4	59.0	58.4
Residents with bed sores.	1	1.1	7.6	7.1
Residents receiving special skin care.	0	0.0	28.4	31.2

SELECTED PERFORMANCE INDICATORS

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Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	6.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	13	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	8	1.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	57	12.7	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	86	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	5	1.1	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	60	13.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	103	22.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	96	21.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	54	12.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	72	16.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	107	23.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	73	16.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	91	20.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	72	16.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	133	29.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	113	25.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	50	11.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	30	6.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	56	12.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	153	34.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	138	30.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	60	13.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	49	10.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	10.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	143	31.8	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	21	4.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	283	62.9	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
GLENN HAVEN NURSING HOME

Street Address:		City and State:	
5205 N MAIN ST		DAYTON OH 45415	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	34	PROPRIETARY	01/07/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
32	0	25

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	30	93.8	78.6	78.3
Dressing				
Residents requiring some or total assistance in dressing.	27	84.4	81.6	76.7
Toileting				
Residents requiring some or total assistance in toileting.	21	65.6	65.9	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	17	53.1	71.1	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	9	28.1	62.7	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	8.0	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	30	93.8	33.9	29.3
Completely bedfast residents.	0	0.0	1.6	3.6
Residents confined to chairs.	7	21.9	37.3	39.1
Residents requiring restraints.	14	43.8	36.1	31.7
Confused or disoriented residents.	29	90.6	60.6	55.8
Residents with bed sores.	2	6.3	5.3	4.7
Residents receiving special skin care.	2	6.3	23.5	24.0

SELECTED PERFORMANCE INDICATORS

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Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	32	6.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	11	2.2	198	3.6
Each resident is free from mental and physical abuse.	MET	7	1.4	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	64	12.9	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	91	18.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	NOT MET	11	2.2	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.4	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	58	11.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	96	19.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	71	14.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	55	11.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	57	11.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	67	13.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	90	18.1	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	64	12.9	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	128	25.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	181	36.4	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	51	10.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	53	10.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	79	15.9	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	175	35.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	168	33.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	124	24.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	18	3.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	313	63.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
GRANDVIEW MANOR

Street Address:		City and State:	
405 GRAFTON AVE		DAYTON OH 45406	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	29	PROPRIETARY	02/25/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
27	0	27

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	17	63.0	78.6	78.3
Dressing				
Residents requiring some or total assistance in dressing.	23	85.2	81.6	76.7
Toileting				
Residents requiring some or total assistance in toileting.	20	74.1	65.9	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	20	74.1	71.1	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	13	48.1	62.7	59.1
Residents on individually written bowel and bladder retraining program.	10	37.0	8.0	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	6	22.2	33.9	29.3
Completely bedfast residents.	0	0.0	1.6	3.6
Residents confined to chairs.	7	25.9	37.3	39.1
Residents requiring restraints.	2	7.4	36.1	31.7
Confused or disoriented residents.	14	51.9	60.6	55.8
Residents with bed sores.	2	7.4	5.3	4.7
Residents receiving special skin care.	0	0.0	23.5	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	32	6.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	11	2.2	198	3.6
Each resident is free from mental and physical abuse.	MET	7	1.4	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	64	12.9	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	91	18.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	11	2.2	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.4	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	NOT MET	58	11.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	96	19.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	NOT MET	71	14.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	55	11.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	57	11.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	67	13.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	35	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	90	18.1	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	64	12.9	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	128	25.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	181	36.4	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	51	10.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	53	10.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	79	15.9	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	175	35.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	168	33.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	124	24.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	18	3.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	313	63.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
GRANDVIEW QUALITY CARE CTR

Street Address:		City and State:	
923 W GRAND AVE		DAYTON OH 45407	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	24	PROPRIETARY	06/05/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
23	0	21

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	11	47.8	78.6	78.3
Dressing				
Residents requiring some or total assistance in dressing.	12	52.2	81.6	76.7
Toileting				
Residents requiring some or total assistance in toileting.	6	26.1	65.9	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	11	47.8	71.1	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	6	26.1	62.7	59.1
Residents on individually written bowel and bladder retraining program.	3	13.0	8.0	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	4	17.4	33.9	29.3
Completely bedfast residents.	0	0.0	1.6	3.6
Residents confined to chairs.	3	13.0	37.3	39.1
Residents requiring restraints.	1	4.3	36.1	31.7
Confused or disoriented residents.	7	30.4	60.6	55.8
Residents with bed sores.	0	0.0	5.3	4.7
Residents receiving special skin care.	4	17.4	23.5	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	32	6.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	11	2.2	198	3.6
Each resident is free from mental and physical abuse.	MET	7	1.4	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	64	12.9	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	91	18.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	11	2.2	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.4	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	58	11.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	96	19.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	71	14.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	55	11.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	57	11.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	67	13.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	90	18.1	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	64	12.9	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	128	25.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	181	36.4	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	51	10.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	53	10.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	79	15.9	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	175	35.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	168	33.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	124	24.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	18	3.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	313	63.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
HEARTLAND OF BEAVERCREEK

Street Address:		City and State:	
1974 N FAIRFIELD ROAD		DAYTON OH 45432	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF/ICF	100	PROPRIETARY	05/05/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
91	1	43

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	80	87.9	83.6	81.5
Dressing				
Residents requiring some or total assistance in dressing.	84	92.3	87.3	83.2
Toileting				
Residents requiring some or total assistance in toileting.	69	75.8	74.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	71	78.0	77.5	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	67	73.6	67.5	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	5.6	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	48	52.7	43.0	37.7
Completely bedfast residents.	2	2.2	3.4	3.4
Residents confined to chairs.	67	73.6	49.1	50.8
Residents requiring restraints.	54	59.3	43.2	41.3
Confused or disoriented residents.	63	69.2	59.0	58.4
Residents with bed sores.	2	2.2	7.6	7.1
Residents receiving special skin care.	4	4.4	28.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	6.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	13	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	8	1.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	57	12.7	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	86	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	5	1.1	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	60	13.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	103	22.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	96	21.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	54	12.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	72	16.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	107	23.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	73	16.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	91	20.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	72	16.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	133	29.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	113	25.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	50	11.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	30	6.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	56	12.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	153	34.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	138	30.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	60	13.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	49	10.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	10.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	143	31.8	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	21	4.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	283	62.9	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
HICKORY CREEK NURSING CENTER

Street Address:		City and State:	
3421 PINNACLE ROAD		DAYTON OH 45418	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF/ICF	150	PROPRIETARY	06/18/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
143	4	119

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	95	66.4	83.6	81.5
Dressing				
Residents requiring some or total assistance in dressing.	117	81.8	87.3	83.2
Toileting				
Residents requiring some or total assistance in toileting.	105	73.4	74.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	131	91.6	77.5	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	104	72.7	67.5	68.2
Residents on individually written bowel and bladder retraining program.	9	6.3	5.6	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	37	25.9	43.0	37.7
Completely bedfast residents.	1	0.7	3.4	3.4
Residents confined to chairs.	40	28.0	49.1	50.8
Residents requiring restraints.	31	21.7	43.2	41.3
Confused or disoriented residents.	45	31.5	59.0	58.4
Residents with bed sores.	3	2.1	7.6	7.1
Residents receiving special skin care.	30	21.0	28.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	6.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	13	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	8	1.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	57	12.7	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	86	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	5	1.1	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	NOT MET	60	13.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	103	22.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	96	21.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	54	12.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	72	16.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	107	23.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	73	16.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	91	20.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	72	16.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	133	29.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	113	25.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	50	11.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	30	6.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	56	12.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	153	34.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	138	30.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	60	13.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	49	10.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	10.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	143	31.8	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	21	4.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	283	62.9	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
JEWISH HOME FOR THE AGED

Street Address:		City and State:	
4911 COVENANT HOUSE DR		DAYTON OH 45426	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF/ICF	46	NON-PROFIT OTHER	07/31/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
44	0	25

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	39	88.6	83.6	81.5
Dressing				
Residents requiring some or total assistance in dressing.	36	81.8	87.3	83.2
Toileting				
Residents requiring some or total assistance in toileting.	30	68.2	74.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	32	72.7	77.5	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	24	54.5	67.5	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	5.6	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	14	31.8	43.0	37.7
Completely bedfast residents.	0	0.0	3.4	3.4
Residents confined to chairs.	21	47.7	49.1	50.8
Residents requiring restraints.	18	40.9	43.2	41.3
Confused or disoriented residents.	32	72.7	59.0	58.4
Residents with bed sores.	0	0.0	7.6	7.1
Residents receiving special skin care.	3	6.8	28.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	6.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	13	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	8	1.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	57	12.7	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	86	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	5	1.1	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	60	13.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	103	22.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	96	21.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	54	12.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	72	16.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	107	23.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	73	16.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	91	20.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	72	16.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	133	29.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	113	25.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	50	11.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	30	6.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	56	12.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	153	34.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	138	30.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	60	13.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	49	10.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	10.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	143	31.8	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	21	4.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	283	62.9	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
LINDEN HEALTH CARE CTR

Street Address:		City and State:	
42 LINDEN AVE		DAYTON OH 45403	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	25	PROPRIETARY	03/09/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
23	0	23

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	13	56.5	78.6	78.3
Dressing				
Residents requiring some or total assistance in dressing.	16	69.6	81.6	76.7
Toileting				
Residents requiring some or total assistance in toileting.	7	30.4	65.9	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	5	21.7	71.1	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	8	34.8	62.7	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	8.0	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	5	21.7	33.9	29.3
Completely bedfast residents.	0	0.0	1.6	3.6
Residents confined to chairs.	4	17.4	37.3	39.1
Residents requiring restraints.	2	8.7	36.1	31.7
Confused or disoriented residents.	23	100	60.6	55.8
Residents with bed sores.	0	0.0	5.3	4.7
Residents receiving special skin care.	0	0.0	23.5	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	32	6.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	11	2.2	198	3.6
Each resident is free from mental and physical abuse.	MET	7	1.4	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	64	12.9	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	91	18.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	11	2.2	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.4	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	58	11.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	96	19.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	71	14.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	55	11.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	57	11.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	67	13.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	90	18.1	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	64	12.9	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	128	25.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	181	36.4	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	51	10.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	53	10.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	79	15.9	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	175	35.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	168	33.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	124	24.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	18	3.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	313	63.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
MAPLEVIEW MANOR

Street Address:		City and State:	
1033 GRAND AVE		DAYTON OH 45407	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	22	PROPRIETARY	06/06/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
21	0	21

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	12	57.1	78.6	78.3
Dressing				
Residents requiring some or total assistance in dressing.	12	57.1	81.6	76.7
Toileting				
Residents requiring some or total assistance in toileting.	13	61.9	65.9	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	12	57.1	71.1	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	11	52.4	62.7	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	8.0	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	13	61.9	33.9	29.3
Completely bedfast residents.	0	0.0	1.6	3.6
Residents confined to chairs.	5	23.8	37.3	39.1
Residents requiring restraints.	2	9.5	36.1	31.7
Confused or disoriented residents.	20	95.2	60.6	55.8
Residents with bed sores.	3	14.3	5.3	4.7
Residents receiving special skin care.	10	47.6	23.5	24.0

SELECTED PERFORMANCE INDICATORS

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		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	32	6.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	11	2.2	198	3.6
Each resident is free from mental and physical abuse.	MET	7	1.4	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	64	12.9	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	91	18.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	11	2.2	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.4	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	NOT MET	58	11.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	96	19.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	NOT MET	71	14.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	55	11.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	57	11.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	67	13.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	90	18.1	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	64	12.9	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	128	25.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	181	36.4	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	51	10.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	53	10.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	79	15.9	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	175	35.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	168	33.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	124	24.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	18	3.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	313	63.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
MARY SCOTT NURSING CENTER

Street Address:		City and State:	
3109 CAMPUS DR		DAYTON OH 45406	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	130	NON-PROFIT PRIVATE	10/08/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
125	0	110

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	103	82.4	78.6	78.3
Dressing				
Residents requiring some or total assistance in dressing.	94	75.2	81.6	76.7
Toileting				
Residents requiring some or total assistance in toileting.	75	60.0	65.9	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	114	91.2	71.1	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	84	67.2	62.7	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	8.0	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	33	26.4	33.9	29.3
Completely bedfast residents.	0	0.0	1.6	3.6
Residents confined to chairs.	48	38.4	37.3	39.1
Residents requiring restraints.	55	44.0	36.1	31.7
Confused or disoriented residents.	82	65.6	60.6	55.8
Residents with bed sores.	7	5.6	5.3	4.7
Residents receiving special skin care.	27	21.6	23.5	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	32	6.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	11	2.2	198	3.6
Each resident is free from mental and physical abuse.	MET	7	1.4	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	64	12.9	564	10.3
Each resident is given privacy during treatment and care of personal needs.	NOT MET	91	18.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	11	2.2	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.4	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	NOT MET	58	11.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	96	19.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	NOT MET	71	14.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	55	11.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	57	11.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	67	13.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	35	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	90	18.1	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	64	12.9	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	128	25.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	181	36.4	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	51	10.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	53	10.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	79	15.9	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	175	35.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	168	33.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	124	24.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	18	3.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	313	63.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
OAKVIEW MANOR

Street Address:		City and State:	
34 ARNOLD PLACE		DAYTON OH 45407	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	19	PROPRIETARY	07/27/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
19	0	19

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	16	84.2	78.6	78.3
Dressing				
Residents requiring some or total assistance in dressing.	16	84.2	81.6	76.7
Toileting				
Residents requiring some or total assistance in toileting.	9	47.4	65.9	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	9	47.4	71.1	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	7	36.8	62.7	59.1
Residents on individually written bowel and bladder retraining program.	5	26.3	8.0	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	5	26.3	33.9	29.3
Completely bedfast residents.	0	0.0	1.6	3.6
Residents confined to chairs.	6	31.6	37.3	39.1
Residents requiring restraints.	6	31.6	36.1	31.7
Confused or disoriented residents.	17	89.5	60.6	55.8
Residents with bed sores.	1	5.3	5.3	4.7
Residents receiving special skin care.	7	36.8	23.5	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	32	6.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	11	2.2	198	3.6
Each resident is free from mental and physical abuse.	MET	7	1.4	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	64	12.9	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	91	18.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	11	2.2	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.4	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	58	11.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	96	19.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	71	14.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	55	11.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	57	11.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	67	13.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	90	18.1	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	64	12.9	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	128	25.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	181	36.4	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	51	10.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	53	10.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	79	15.9	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	175	35.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	168	33.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	124	24.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	18	3.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	313	63.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
OXFORD MANOR NURSING HOME

Street Address:		City and State:	
601 OXFORD AVE		DAYTON OH 45407	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	24	PROPRIETARY	08/26/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
21	0	19

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	19	90.5	78.6	78.3
Dressing				
Residents requiring some or total assistance in dressing.	18	85.7	81.6	76.7
Toileting				
Residents requiring some or total assistance in toileting.	15	71.4	65.9	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	21	100	71.1	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	15	71.4	62.7	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	8.0	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	6	28.6	33.9	29.3
Completely bedfast residents.	0	0.0	1.6	3.6
Residents confined to chairs.	9	42.9	37.3	39.1
Residents requiring restraints.	5	23.8	36.1	31.7
Confused or disoriented residents.	20	95.2	60.6	55.8
Residents with bed sores.	1	4.8	5.3	4.7
Residents receiving special skin care.	6	28.6	23.5	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	32	6.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	11	2.2	198	3.6
Each resident is free from mental and physical abuse.	MET	7	1.4	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	64	12.9	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	91	18.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	11	2.2	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.4	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	58	11.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	96	19.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	71	14.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	55	11.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	57	11.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	67	13.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	90	18.1	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	64	12.9	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	128	25.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	181	36.4	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	51	10.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	53	10.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	79	15.9	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	175	35.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	168	33.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	124	24.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	18	3.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	313	63.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
PARKVIEW MANOR NURSING HOME

Street Address:		City and State:	
250 PARK DRIVE		DAYTON OH 45410	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	50	PROPRIETARY	03/10/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
50	0	50

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	50	100	78.6	78.3
Dressing				
Residents requiring some or total assistance in dressing.	43	86.0	81.6	76.7
Toileting				
Residents requiring some or total assistance in toileting.	32	64.0	65.9	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	50	100	71.1	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	35	70.0	62.7	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	8.0	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	26	52.0	33.9	29.3
Completely bedfast residents.	0	0.0	1.6	3.6
Residents confined to chairs.	26	52.0	37.3	39.1
Residents requiring restraints.	22	44.0	36.1	31.7
Confused or disoriented residents.	38	76.0	60.6	55.8
Residents with bed sores.	3	6.0	5.3	4.7
Residents receiving special skin care.	6	12.0	23.5	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

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		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	32	6.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	11	2.2	198	3.6
Each resident is free from mental and physical abuse.	MET	7	1.4	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	64	12.9	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	91	18.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	11	2.2	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.4	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	58	11.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	96	19.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	71	14.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	55	11.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	57	11.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	67	13.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	90	18.1	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	64	12.9	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	128	25.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	181	36.4	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	51	10.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	53	10.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	79	15.9	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	175	35.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	168	33.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	124	24.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	18	3.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	313	63.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
SCHULZE NURSING HOME

Street Address:		City and State:	
409 FOREST AVENUE		DAYTON OH 45405	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	35	PROPRIETARY	10/15/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
34	0	20

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	31	91.2	78.6	78.3
Dressing				
Residents requiring some or total assistance in dressing.	31	91.2	81.6	76.7
Toileting				
Residents requiring some or total assistance in toileting.	24	70.6	65.9	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	25	73.5	71.1	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	24	70.6	62.7	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	8.0	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	25	73.5	33.9	29.3
Completely bedfast residents.	1	2.9	1.6	3.6
Residents confined to chairs.	0	0.0	37.3	39.1
Residents requiring restraints.	17	50.0	36.1	31.7
Confused or disoriented residents.	19	55.9	60.6	55.8
Residents with bed sores.	2	5.9	5.3	4.7
Residents receiving special skin care.	27	79.4	23.5	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	32	6.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	11	2.2	198	3.6
Each resident is free from mental and physical abuse.	MET	7	1.4	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	64	12.9	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	91	18.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	11	2.2	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.4	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	58	11.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	96	19.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	NOT MET	71	14.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	55	11.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	57	11.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	67	13.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	90	18.1	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	64	12.9	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	128	25.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	181	36.4	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	51	10.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	53	10.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	79	15.9	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	175	35.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	168	33.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	124	24.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	18	3.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	313	63.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
SIENA HOME

Street Address:		City and State:	
235 W ORCHARD SPRINGS DR		DAYTON OH 45415	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	99	NON-PROFIT RELIGIOUS	10/22/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
93	0	42

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	83	89.2	78.6	78.3
Dressing				
Residents requiring some or total assistance in dressing.	87	93.5	81.6	76.7
Toileting				
Residents requiring some or total assistance in toileting.	78	83.9	65.9	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	68	73.1	71.1	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	80	86.0	62.7	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	8.0	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	54	58.1	33.9	29.3
Completely bedfast residents.	5	5.4	1.6	3.6
Residents confined to chairs.	25	26.9	37.3	39.1
Residents requiring restraints.	45	48.4	36.1	31.7
Confused or disoriented residents.	63	67.7	60.6	55.8
Residents with bed sores.	4	4.3	5.3	4.7
Residents receiving special skin care.	7	7.5	23.5	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	32	6.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	11	2.2	198	3.6
Each resident is free from mental and physical abuse.	MET	7	1.4	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	64	12.9	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	91	18.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	11	2.2	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.4	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	58	11.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	96	19.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	NOT MET	71	14.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	55	11.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	57	11.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	67	13.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	90	18.1	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	64	12.9	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	128	25.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	181	36.4	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	51	10.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	53	10.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	79	15.9	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	175	35.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	168	33.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	124	24.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	18	3.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	313	63.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
ST ELIZABETH SKILLED NURSING CTR

Street Address:		City and State:	
601 EDWIN C. MOSES BLVD		DAYTON OH 45408	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF/ICF	30	NON-PROFIT RELIGIOUS	07/16/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
7	0	0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	5	71.4	83.6	81.5
Dressing				
Residents requiring some or total assistance in dressing.	5	71.4	87.3	83.2
Toileting				
Residents requiring some or total assistance in toileting.	4	57.1	74.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	5	71.4	77.5	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	5	71.4	67.5	68.2
Residents on individually written bowel and bladder retraining program.	2	28.6	5.6	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	4	57.1	43.0	37.7
Completely bedfast residents.	1	14.3	3.4	3.4
Residents confined to chairs.	1	14.3	49.1	50.8
Residents requiring restraints.	1	14.3	43.2	41.3
Confused or disoriented residents.	1	14.3	59.0	58.4
Residents with bed sores.	2	28.6	7.6	7.1
Residents receiving special skin care.	2	28.6	28.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	NOT MET	27	6.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	13	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	8	1.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	57	12.7	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	86	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	5	1.1	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	60	13.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	103	22.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	96	21.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	54	12.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	72	16.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	107	23.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	73	16.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	91	20.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	72	16.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	133	29.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	113	25.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	50	11.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	30	6.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	56	12.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	153	34.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	138	30.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	60	13.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	49	10.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	10.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	143	31.8	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	21	4.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	283	62.9	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
STILLWATER HEALTH CENTER

Street Address:	City and State:		
8100 N MAIN ST	DAYTON OH 45415		
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	174	LOCAL GOVERNMENT	10/29/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
124	0	122

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	113	91.1	78.6	78.3
Dressing				
Residents requiring some or total assistance in dressing.	120	96.8	81.6	76.7
Toileting				
Residents requiring some or total assistance in toileting.	87	70.2	65.9	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	106	85.5	71.1	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	103	83.1	62.7	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	8.0	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	70	56.5	33.9	29.3
Completely bedfast residents.	1	0.8	1.6	3.6
Residents confined to chairs.	57	46.0	37.3	39.1
Residents requiring restraints.	43	34.7	36.1	31.7
Confused or disoriented residents.	105	84.7	60.6	55.8
Residents with bed sores.	24	19.4	5.3	4.7
Residents receiving special skin care.	25	20.2	23.5	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	32	6.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	11	2.2	198	3.6
Each resident is free from mental and physical abuse.	MET	7	1.4	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	64	12.9	564	10.3
Each resident is given privacy during treatment and care of personal needs.	NOT MET	91	18.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	11	2.2	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.4	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	NOT MET	58	11.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	96	19.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	NOT MET	71	14.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	55	11.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	57	11.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	67	13.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	90	18.1	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	64	12.9	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	128	25.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	181	36.4	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	51	10.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	53	10.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	79	15.9	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	175	35.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	168	33.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	124	24.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	18	3.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	313	63.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
THE MARIA JOSEPH CENTER

Street Address:	City and State:		
4830 SALEM AVE	DAYTON OH 45416		
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF/ICF	384	NON-PROFIT OTHER	04/14/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
229	3	141

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	179	78.2	83.6	81.5
Dressing				
Residents requiring some or total assistance in dressing.	191	83.4	87.3	83.2
Toileting				
Residents requiring some or total assistance in toileting.	172	75.1	74.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	175	76.4	77.5	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	157	68.6	67.5	68.2
Residents on individually written bowel and bladder retraining program.	1	0.4	5.6	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	189	82.5	43.0	37.7
Completely bedfast residents.	26	11.4	3.4	3.4
Residents confined to chairs.	135	59.0	49.1	50.8
Residents requiring restraints.	143	62.4	43.2	41.3
Confused or disoriented residents.	143	62.4	59.0	58.4
Residents with bed sores.	19	8.3	7.6	7.1
Residents receiving special skin care.	170	74.2	28.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	6.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	13	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	8	1.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	57	12.7	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	86	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	5	1.1	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	60	13.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	103	22.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	96	21.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	54	12.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	72	16.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	107	23.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	73	16.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	91	20.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	72	16.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	133	29.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	113	25.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	50	11.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	30	6.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	56	12.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	153	34.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	138	30.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	60	13.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	49	10.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	10.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	143	31.8	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	21	4.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	283	62.9	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
TRINITY HOME

Street Address:		City and State:	
3218 INDIAN RIPPLE		DAYTON OH 45440	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	72	NON-PROFIT RELIGIOUS	11/01/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
72	0	26

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	1	1.4	78.6	78.3
Dressing				
Residents requiring some or total assistance in dressing.	49	68.1	81.6	76.7
Toileting				
Residents requiring some or total assistance in toileting.	41	56.9	65.9	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	64	88.9	71.1	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	40	55.6	62.7	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	8.0	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	13	18.1	33.9	29.3
Completely bedfast residents.	0	0.0	1.6	3.6
Residents confined to chairs.	24	33.3	37.3	39.1
Residents requiring restraints.	16	22.2	36.1	31.7
Confused or disoriented residents.	21	29.2	60.6	55.8
Residents with bed sores.	0	0.0	5.3	4.7
Residents receiving special skin care.	0	0.0	23.5	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	32	6.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	11	2.2	198	3.6
Each resident is free from mental and physical abuse.	MET	7	1.4	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	64	12.9	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	91	18.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	11	2.2	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.4	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	58	11.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	96	19.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	71	14.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	55	11.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	57	11.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	67	13.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	90	18.1	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	64	12.9	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	128	25.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	181	36.4	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	51	10.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	53	10.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	79	15.9	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	175	35.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	168	33.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	124	24.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	18	3.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	313	63.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
VALLEY PARK CARE CENTER

Street Address:		City and State:	
322 PARK DR		DAYTON OH 45410	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	45	PROPRIETARY	11/17/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
40	0	39

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	22	55.0	78.6	78.3
Dressing				
Residents requiring some or total assistance in dressing.	36	90.0	81.6	76.7
Toileting				
Residents requiring some or total assistance in toileting.	29	72.5	65.9	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	24	60.0	71.1	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	29	72.5	62.7	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	8.0	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	24	60.0	33.9	29.3
Completely bedfast residents.	0	0.0	1.6	3.6
Residents confined to chairs.	10	25.0	37.3	39.1
Residents requiring restraints.	23	57.5	36.1	31.7
Confused or disoriented residents.	22	55.0	60.6	55.8
Residents with bed sores.	3	7.5	5.3	4.7
Residents receiving special skin care.	3	7.5	23.5	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

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		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	32	6.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	11	2.2	198	3.6
Each resident is free from mental and physical abuse.	MET	7	1.4	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	64	12.9	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	91	18.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	11	2.2	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.4	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	58	11.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	96	19.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	71	14.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	55	11.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	57	11.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	67	13.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	90	18.1	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	64	12.9	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	128	25.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	181	36.4	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	51	10.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	53	10.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	79	15.9	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	175	35.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	168	33.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	124	24.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	18	3.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	313	63.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
YALE MANOR INC

Street Address:		City and State:	
35 YALE AV		DAYTON OH 45406	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	42	PROPRIETARY	02/17/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
39	0	36

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	29	74.4	78.6	78.3
Dressing				
Residents requiring some or total assistance in dressing.	35	89.7	81.6	76.7
Toileting				
Residents requiring some or total assistance in toileting.	19	48.7	65.9	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	20	51.3	71.1	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	19	48.7	62.7	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	8.0	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	22	56.4	33.9	29.3
Completely bedfast residents.	1	2.6	1.6	3.6
Residents confined to chairs.	16	41.0	37.3	39.1
Residents requiring restraints.	15	38.5	36.1	31.7
Confused or disoriented residents.	39	100	60.6	55.8
Residents with bed sores.	2	5.1	5.3	4.7
Residents receiving special skin care.	0	0.0	23.5	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	32	6.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	11	2.2	198	3.6
Each resident is free from mental and physical abuse.	MET	7	1.4	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	64	12.9	564	10.3
Each resident is given privacy during treatment and care of personal needs.	NOT MET	91	18.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	11	2.2	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.4	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	NOT MET	58	11.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	96	19.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	71	14.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	55	11.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	57	11.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	67	13.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	90	18.1	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	64	12.9	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	128	25.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	181	36.4	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	51	10.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	53	10.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	79	15.9	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	175	35.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	168	33.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	124	24.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	18	3.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	313	63.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
DEFIANCE HEALTH CARE CENTER

Street Address:		City and State:	
1701 SOUTH JEFFERSON AVENUE		DEFIANCE OH 43512	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF/ICF	51	PROPRIETARY	03/17/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
49	0	25

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	36	73.5	83.6	81.5
Dressing				
Residents requiring some or total assistance in dressing.	45	91.8	87.3	83.2
Toileting				
Residents requiring some or total assistance in toileting.	39	79.6	74.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	37	75.5	77.5	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	44	89.8	67.5	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	5.6	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	11	22.4	43.0	37.7
Completely bedfast residents.	1	2.0	3.4	3.4
Residents confined to chairs.	9	18.4	49.1	50.8
Residents requiring restraints.	9	18.4	43.2	41.3
Confused or disoriented residents.	25	51.0	59.0	58.4
Residents with bed sores.	0	0.0	7.6	7.1
Residents receiving special skin care.	11	22.4	28.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	6.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	13	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	8	1.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	57	12.7	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	86	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	5	1.1	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	60	13.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	103	22.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	96	21.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	54	12.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	72	16.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	107	23.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	73	16.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	91	20.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	72	16.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	133	29.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	113	25.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	50	11.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	30	6.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	56	12.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	153	34.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	138	30.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	60	13.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	49	10.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	10.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	143	31.8	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	21	4.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	283	62.9	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
GLENWOOD CARE CENTER

Street Address:		City and State:	
301 GLENWOOD AVE		DEFIANCE OH 43512	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	50	PROPRIETARY	01/05/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
34	0	31

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	21	61.8	78.6	78.3
Dressing				
Residents requiring some or total assistance in dressing.	19	55.9	81.6	76.7
Toileting				
Residents requiring some or total assistance in toileting.	19	55.9	65.9	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	14	41.2	71.1	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	17	50.0	62.7	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	8.0	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	9	26.5	33.9	29.3
Completely bedfast residents.	1	2.9	1.6	3.6
Residents confined to chairs.	2	5.9	37.3	39.1
Residents requiring restraints.	6	17.6	36.1	31.7
Confused or disoriented residents.	16	47.1	60.6	55.8
Residents with bed sores.	0	0.0	5.3	4.7
Residents receiving special skin care.	21	61.8	23.5	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	32	6.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	11	2.2	198	3.6
Each resident is free from mental and physical abuse.	MET	7	1.4	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	64	12.9	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	91	18.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	11	2.2	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.4	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	58	11.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	96	19.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	71	14.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	55	11.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	57	11.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	67	13.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	90	18.1	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	64	12.9	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	128	25.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	181	36.4	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	51	10.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	53	10.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	79	15.9	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	175	35.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	168	33.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	124	24.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	18	3.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	313	63.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
LEISURE OAKS CONVALESCENT CENTER

Street Address:		City and State:	
214 HARDING ST		DEFIANCE OH 43512	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF/ICF	93	NON-PROFIT OTHER	08/21/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
86	0	50

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	84	97.7	83.6	81.5
Dressing				
Residents requiring some or total assistance in dressing.	79	91.9	87.3	83.2
Toileting				
Residents requiring some or total assistance in toileting.	63	73.3	74.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	71	82.6	77.5	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	69	80.2	67.5	68.2
Residents on individually written bowel and bladder retraining program.	3	3.5	5.6	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	26	30.2	43.0	37.7
Completely bedfast residents.	4	4.7	3.4	3.4
Residents confined to chairs.	77	89.5	49.1	50.8
Residents requiring restraints.	65	75.6	43.2	41.3
Confused or disoriented residents.	74	86.0	59.0	58.4
Residents with bed sores.	5	5.8	7.6	7.1
Residents receiving special skin care.	43	50.0	28.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	6.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	13	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	8	1.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	57	12.7	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	86	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	5	1.1	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	60	13.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	103	22.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	96	21.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	54	12.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	72	16.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	107	23.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	73	16.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	91	20.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	72	16.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	133	29.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	113	25.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	50	11.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	30	6.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	56	12.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	153	34.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	138	30.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	60	13.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	49	10.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	10.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	143	31.8	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	21	4.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	283	62.9	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
TWIN RIVERS NURSING CARE CENTER

Street Address:		City and State:	
395 HARDING STREET		DEFIANCE OH 43512	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF/ICF	100	PROPRIETARY	12/07/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
96	1	63

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	89	92.7	83.6	81.5
Dressing				
Residents requiring some or total assistance in dressing.	83	86.5	87.3	83.2
Toileting				
Residents requiring some or total assistance in toileting.	61	63.5	74.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	65	67.7	77.5	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	45	46.9	67.5	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	5.6	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	29	30.2	43.0	37.7
Completely bedfast residents.	4	4.2	3.4	3.4
Residents confined to chairs.	28	29.2	49.1	50.8
Residents requiring restraints.	28	29.2	43.2	41.3
Confused or disoriented residents.	50	52.1	59.0	58.4
Residents with bed sores.	4	4.2	7.6	7.1
Residents receiving special skin care.	17	17.7	28.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	6.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	13	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	8	1.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	57	12.7	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	86	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	5	1.1	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	60	13.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	103	22.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	96	21.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	54	12.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	72	16.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	107	23.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	73	16.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	91	20.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	72	16.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	133	29.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	113	25.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	50	11.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	30	6.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	56	12.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	153	34.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	138	30.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	60	13.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	49	10.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	10.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	143	31.8	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	21	4.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	283	62.9	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
DELAWARE COURT INC

Street Address:		City and State:	
4 NEW MARKET DRIVE		DELAWARE OH 43015	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF/ICF	100	PROPRIETARY	03/31/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
60	4	50

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	39	65.0	83.6	81.5
Dressing				
Residents requiring some or total assistance in dressing.	47	78.3	87.3	83.2
Toileting				
Residents requiring some or total assistance in toileting.	40	66.7	74.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	36	60.0	77.5	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	33	55.0	67.5	68.2
Residents on individually written bowel and bladder retraining program.	9	15.0	5.6	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	25	41.7	43.0	37.7
Completely bedfast residents.	0	0.0	3.4	3.4
Residents confined to chairs.	21	35.0	49.1	50.8
Residents requiring restraints.	15	25.0	43.2	41.3
Confused or disoriented residents.	27	45.0	59.0	58.4
Residents with bed sores.	4	6.7	7.6	7.1
Residents receiving special skin care.	24	40.0	28.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	NOT MET	27	6.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	13	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	8	1.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	57	12.7	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	86	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	5	1.1	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	60	13.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	103	22.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	96	21.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	54	12.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	72	16.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	107	23.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	73	16.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	91	20.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	72	16.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	133	29.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	113	25.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	50	11.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	30	6.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	56	12.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	153	34.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	138	30.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	60	13.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	49	10.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	48	10.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	143	31.8	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	21	4.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	283	62.9	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
DELAWARE PARK CARE CENTER

Street Address:		City and State:	
2270 WARRENBURG RD		DELAWARE OH 43015	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF/ICF	117	PROPRIETARY	07/15/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
97	1	57

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	66	68.0	83.6	81.5
Dressing				
Residents requiring some or total assistance in dressing.	82	84.5	87.3	83.2
Toileting				
Residents requiring some or total assistance in toileting.	82	84.5	74.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	82	84.5	77.5	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	81	83.5	67.5	68.2
Residents on individually written bowel and bladder retraining program.	5	5.2	5.6	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	52	53.6	43.0	37.7
Completely bedfast residents.	0	0.0	3.4	3.4
Residents confined to chairs.	51	52.6	49.1	50.8
Residents requiring restraints.	39	40.2	43.2	41.3
Confused or disoriented residents.	46	47.4	59.0	58.4
Residents with bed sores.	5	5.2	7.6	7.1
Residents receiving special skin care.	5	5.2	28.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

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		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	6.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	13	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	8	1.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	57	12.7	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	86	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	5	1.1	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	60	13.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	103	22.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	96	21.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	54	12.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	72	16.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	107	23.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	73	16.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	91	20.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	72	16.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	133	29.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	113	25.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	50	11.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	30	6.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	56	12.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	153	34.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	138	30.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	60	13.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	49	10.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	10.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	143	31.8	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	21	4.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	283	62.9	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
EVERGREEN MANOR

Street Address:		City and State:	
36 GRISWOLD STREET		DELAWARE OH 43015	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	34	PROPRIETARY	06/25/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
25	0	24

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	17	68.0	78.6	78.3
Dressing				
Residents requiring some or total assistance in dressing.	19	76.0	81.6	76.7
Toileting				
Residents requiring some or total assistance in toileting.	13	52.0	65.9	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	15	60.0	71.1	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	19	76.0	62.7	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	8.0	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	6	24.0	33.9	29.3
Completely bedfast residents.	0	0.0	1.6	3.6
Residents confined to chairs.	11	44.0	37.3	39.1
Residents requiring restraints.	7	28.0	36.1	31.7
Confused or disoriented residents.	10	40.0	60.6	55.8
Residents with bed sores.	3	12.0	5.3	4.7
Residents receiving special skin care.	1	4.0	23.5	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	32	6.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	11	2.2	198	3.6
Each resident is free from mental and physical abuse.	MET	7	1.4	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	64	12.9	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	91	18.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	NOT MET	11	2.2	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.4	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	58	11.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	96	19.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	71	14.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	55	11.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	57	11.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	67	13.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	90	18.1	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	64	12.9	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	128	25.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	181	36.4	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	51	10.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	53	10.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	79	15.9	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	175	35.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	168	33.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	124	24.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	18	3.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	313	63.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
SARAH MOORE HOME

Street Address:		City and State:	
47 E WILLIAM ST		DELAWARE OH 43015	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	32	NON-PROFIT OTHER	11/25/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
32	0	13

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	30	93.8	78.6	78.3
Dressing				
Residents requiring some or total assistance in dressing.	26	81.3	81.6	76.7
Toileting				
Residents requiring some or total assistance in toileting.	26	81.3	65.9	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	26	81.3	71.1	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	27	84.4	62.7	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	8.0	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	17	53.1	33.9	29.3
Completely bedfast residents.	0	0.0	1.6	3.6
Residents confined to chairs.	6	18.8	37.3	39.1
Residents requiring restraints.	11	34.4	36.1	31.7
Confused or disoriented residents.	20	62.5	60.6	55.8
Residents with bed sores.	0	0.0	5.3	4.7
Residents receiving special skin care.	1	3.1	23.5	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	32	6.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	11	2.2	198	3.6
Each resident is free from mental and physical abuse.	MET	7	1.4	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	64	12.9	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	91	18.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	11	2.2	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.4	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	58	11.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	96	19.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	71	14.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	55	11.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	57	11.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	67	13.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	90	18.1	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	64	12.9	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	128	25.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	181	36.4	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	51	10.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	53	10.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	79	15.9	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	175	35.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	168	33.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	124	24.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	18	3.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	313	63.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
SUNNY VEE NURSING HOME INC

Street Address:		City and State:	
54 WEST LINCOLN AVENUE		DELAWARE OH 43015	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF/ICF	56	PROPRIETARY	08/13/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
55	0	36

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	49	89.1	83.6	81.5
Dressing				
Residents requiring some or total assistance in dressing.	49	89.1	87.3	83.2
Toileting				
Residents requiring some or total assistance in toileting.	31	56.4	74.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	29	52.7	77.5	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	23	41.8	67.5	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	5.6	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	14	25.5	43.0	37.7
Completely bedfast residents.	0	0.0	3.4	3.4
Residents confined to chairs.	17	30.9	49.1	50.8
Residents requiring restraints.	6	10.9	43.2	41.3
Confused or disoriented residents.	30	54.5	59.0	58.4
Residents with bed sores.	1	1.8	7.6	7.1
Residents receiving special skin care.	8	14.5	28.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	6.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	13	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	8	1.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	57	12.7	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	86	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	5	1.1	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	60	13.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	103	22.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	96	21.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	54	12.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	72	16.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	107	23.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	73	16.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	91	20.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	72	16.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	133	29.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	113	25.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	50	11.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	30	6.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	56	12.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	153	34.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	138	30.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	60	13.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	49	10.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	10.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	143	31.8	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	21	4.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	283	62.9	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
WINTERSONG VILLAGE OF DELAWARE

Street Address:	City and State:		
478 S SANDUSKY ST	DELAWARE OH 43015		
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	50	PROPRIETARY	07/15/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
47	0	29

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	37	78.7	78.6	78.3
Dressing				
Residents requiring some or total assistance in dressing.	41	87.2	81.6	76.7
Toileting				
Residents requiring some or total assistance in toileting.	42	89.4	65.9	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	38	80.9	71.1	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	22	46.8	62.7	59.1
Residents on individually written bowel and bladder retraining program.	1	2.1	8.0	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	23	48.9	33.9	29.3
Completely bedfast residents.	0	0.0	1.6	3.6
Residents confined to chairs.	15	31.9	37.3	39.1
Residents requiring restraints.	11	23.4	36.1	31.7
Confused or disoriented residents.	30	63.8	60.6	55.8
Residents with bed sores.	3	6.4	5.3	4.7
Residents receiving special skin care.	20	42.6	23.5	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	32	6.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	11	2.2	198	3.6
Each resident is free from mental and physical abuse.	MET	7	1.4	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	64	12.9	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	91	18.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	11	2.2	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.4	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	58	11.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	96	19.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	71	14.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	55	11.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	57	11.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	67	13.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	90	18.1	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	64	12.9	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	128	25.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	181	36.4	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	51	10.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	53	10.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	79	15.9	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	175	35.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	168	33.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	124	24.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	18	3.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	313	63.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
DELPHOS MEMORIAL HOME

Street Address:		City and State:	
P O BOX 334 1425 EAST FIFTH STREET		DELPHOS OH 45833	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	100	NON-PROFIT OTHER	07/09/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
100	0	24

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	89	89.0	78.6	78.3
Dressing				
Residents requiring some or total assistance in dressing.	87	87.0	81.6	76.7
Toileting				
Residents requiring some or total assistance in toileting.	63	63.0	65.9	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	86	86.0	71.1	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	76	76.0	62.7	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	8.0	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	48	48.0	33.9	29.3
Completely bedfast residents.	0	0.0	1.6	3.6
Residents confined to chairs.	35	35.0	37.3	39.1
Residents requiring restraints.	53	53.0	36.1	31.7
Confused or disoriented residents.	57	57.0	60.6	55.8
Residents with bed sores.	2	2.0	5.3	4.7
Residents receiving special skin care.	2	2.0	23.5	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	32	6.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	11	2.2	198	3.6
Each resident is free from mental and physical abuse.	MET	7	1.4	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	64	12.9	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	91	18.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	11	2.2	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.4	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	58	11.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	96	19.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	71	14.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	55	11.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	57	11.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	67	13.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	90	18.1	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	64	12.9	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	128	25.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	181	36.4	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	51	10.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	53	10.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	79	15.9	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	175	35.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	168	33.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	124	24.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	18	3.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	313	63.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
SARA JANE CHAMBERS NURSING HOME

Street Address:		City and State:	
328 W 2ND ST		DELPHOS OH 45833	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	50	NON-PROFIT OTHER	08/26/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
50	0	7

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	49	98.0	78.6	78.3
Dressing Residents requiring some or total assistance in dressing.	49	98.0	81.6	76.7
Toileting Residents requiring some or total assistance in toileting.	41	82.0	65.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	45	90.0	71.1	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	33	66.0	62.7	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	8.0	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	13	26.0	33.9	29.3
Completely bedfast residents.	0	0.0	1.6	3.6
Residents confined to chairs.	31	62.0	37.3	39.1
Residents requiring restraints.	19	38.0	36.1	31.7
Confused or disoriented residents.	24	48.0	60.6	55.8
Residents with bed sores.	4	8.0	5.3	4.7
Residents receiving special skin care.	1	2.0	23.5	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	32	6.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	11	2.2	198	3.6
Each resident is free from mental and physical abuse.	MET	7	1.4	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	64	12.9	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	91	18.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	11	2.2	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.4	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	58	11.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	96	19.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	71	14.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	55	11.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	57	11.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	67	13.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	90	18.1	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	64	12.9	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	128	25.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	181	36.4	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	51	10.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	53	10.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	79	15.9	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	175	35.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	168	33.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	124	24.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	18	3.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	313	63.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
CHARITY NURSING FACILITY

Street Address:		City and State:	
509 GRANT STREET		DENNISON OH 44621	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	18	PROPRIETARY	07/21/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
11	0	11

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	11	100	78.6	78.3
Dressing				
Residents requiring some or total assistance in dressing.	8	72.7	81.6	76.7
Toileting				
Residents requiring some or total assistance in toileting.	8	72.7	65.9	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	5	45.5	71.1	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	5	45.5	62.7	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	8.0	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	2	18.2	33.9	29.3
Completely bedfast residents.	0	0.0	1.6	3.6
Residents confined to chairs.	3	27.3	37.3	39.1
Residents requiring restraints.	1	9.1	36.1	31.7
Confused or disoriented residents.	0	0.0	60.6	55.8
Residents with bed sores.	0	0.0	5.3	4.7
Residents receiving special skin care.	1	9.1	23.5	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	32	6.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	11	2.2	198	3.6
Each resident is free from mental and physical abuse.	MET	7	1.4	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	64	12.9	564	10.3
Each resident is given privacy during treatment and care of personal needs.	NOT MET	91	18.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	11	2.2	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.4	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	58	11.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	96	19.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	71	14.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	55	11.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	57	11.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	67	13.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	90	18.1	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	64	12.9	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	128	25.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	181	36.4	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	51	10.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	53	10.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	79	15.9	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	175	35.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	168	33.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	124	24.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	18	3.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	313	63.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
OAK GROVE QUALITY CARE NRSG CENTER

Street Address:	City and State:		
620 EAST WATER STREET	DESHLER OH 43516		
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	66	NON-PROFIT OTHER	07/10/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
59	0	27

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	28	47.5	78.6	78.3
Dressing				
Residents requiring some or total assistance in dressing.	53	89.8	81.6	76.7
Toileting				
Residents requiring some or total assistance in toileting.	44	74.6	65.9	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	44	74.6	71.1	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	43	72.9	62.7	59.1
Residents on individually written bowel and bladder retraining program.	31	52.5	8.0	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	16	27.1	33.9	29.3
Completely bedfast residents.	3	5.1	1.6	3.6
Residents confined to chairs.	44	74.6	37.3	39.1
Residents requiring restraints.	20	33.9	36.1	31.7
Confused or disoriented residents.	22	37.3	60.6	55.8
Residents with bed sores.	2	3.4	5.3	4.7
Residents receiving special skin care.	4	6.8	23.5	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	32	6.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	11	2.2	198	3.6
Each resident is free from mental and physical abuse.	MET	7	1.4	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	64	12.9	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	91	18.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	11	2.2	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.4	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	NOT MET	58	11.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	96	19.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	71	14.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	55	11.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	57	11.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	67	13.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	90	18.1	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	64	12.9	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	128	25.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	181	36.4	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	51	10.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	53	10.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	79	15.9	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	175	35.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	168	33.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	124	24.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	18	3.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	313	63.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
COUNTRY CLUB CENTER

Street Address:		City and State:	
860 IRON AVE		DOVER OH 44622	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF/ICF	72	PROPRIETARY	01/29/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
70	0	16

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	48	68.6	83.6	81.5
Dressing				
Residents requiring some or total assistance in dressing.	59	84.3	87.3	83.2
Toileting				
Residents requiring some or total assistance in toileting.	53	75.7	74.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	56	80.0	77.5	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	44	62.9	67.5	68.2
Residents on individually written bowel and bladder retraining program.	1	1.4	5.6	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	26	37.1	43.0	37.7
Completely bedfast residents.	3	4.3	3.4	3.4
Residents confined to chairs.	29	41.4	49.1	50.8
Residents requiring restraints.	37	52.9	43.2	41.3
Confused or disoriented residents.	47	67.1	59.0	58.4
Residents with bed sores.	4	5.7	7.6	7.1
Residents receiving special skin care.	12	17.1	28.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	6.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	13	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	8	1.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	57	12.7	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	86	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	5	1.1	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	60	13.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	103	22.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	96	21.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	54	12.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	72	16.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	107	23.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

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		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	73	16.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	91	20.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	72	16.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	133	29.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	113	25.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	50	11.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	30	6.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	56	12.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	153	34.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	138	30.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	60	13.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	49	10.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	10.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	143	31.8	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	21	4.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	283	62.9	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
HENNIS CARE CTR

Street Address:		City and State:	
1720 CROSS ST, P O BOX 428		DOVER OH 44622	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	103	PROPRIETARY	09/11/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
96	0	50

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	89	92.7	78.6	78.3
Dressing				
Residents requiring some or total assistance in dressing.	87	90.6	81.6	76.7
Toileting				
Residents requiring some or total assistance in toileting.	82	85.4	65.9	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	85	88.5	71.1	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	83	86.5	62.7	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	8.0	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	35	36.5	33.9	29.3
Completely bedfast residents.	0	0.0	1.6	3.6
Residents confined to chairs.	14	14.6	37.3	39.1
Residents requiring restraints.	50	52.1	36.1	31.7
Confused or disoriented residents.	58	60.4	60.6	55.8
Residents with bed sores.	1	1.0	5.3	4.7
Residents receiving special skin care.	12	12.5	23.5	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	32	6.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	11	2.2	198	3.6
Each resident is free from mental and physical abuse.	MET	7	1.4	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	64	12.9	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	91	18.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	11	2.2	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.4	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	58	11.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	96	19.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	71	14.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	55	11.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	57	11.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	67	13.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	90	18.1	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	64	12.9	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	128	25.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	181	36.4	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	51	10.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	53	10.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	79	15.9	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	175	35.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	168	33.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	124	24.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	18	3.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	313	63.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
NEW DAWN HEALTH CARE CENTER

Street Address:		City and State:	
865 IRON AVENUE EAST		DOVER OH 44622	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	101	PROPRIETARY	02/15/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
98	0	31

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	94	95.9	78.6	78.3
Dressing				
Residents requiring some or total assistance in dressing.	91	92.9	81.6	76.7
Toileting				
Residents requiring some or total assistance in toileting.	80	81.6	65.9	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	44	44.9	71.1	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	50	51.0	62.7	59.1
Residents on individually written bowel and bladder retraining program.	26	26.5	8.0	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	33	33.7	33.9	29.3
Completely bedfast residents.	2	2.0	1.6	3.6
Residents confined to chairs.	25	25.5	37.3	39.1
Residents requiring restraints.	51	52.0	36.1	31.7
Confused or disoriented residents.	54	55.1	60.6	55.8
Residents with bed sores.	0	0.0	5.3	4.7
Residents receiving special skin care.	22	22.4	23.5	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

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		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	32	6.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	11	2.2	198	3.6
Each resident is free from mental and physical abuse.	MET	7	1.4	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	64	12.9	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	91	18.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	11	2.2	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.4	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	58	11.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	96	19.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	71	14.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	55	11.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	57	11.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	67	13.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	90	18.1	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	64	12.9	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	128	25.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	181	36.4	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	51	10.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	53	10.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	79	15.9	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	175	35.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	168	33.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	124	24.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	18	3.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	313	63.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
PARK VILLAGE HEALTH CARE CENTER

Street Address:	City and State:		
1525 CRATER AVE	DOVER OH 44622		
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	100	PROPRIETARY	12/08/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
97	0	35

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	78	80.4	78.6	78.3
Dressing				
Residents requiring some or total assistance in dressing.	88	90.7	81.6	76.7
Toileting				
Residents requiring some or total assistance in toileting.	68	70.1	65.9	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	97	100	71.1	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	56	57.7	62.7	59.1
Residents on individually written bowel and bladder retraining program.	34	35.1	8.0	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	33	34.0	33.9	29.3
Completely bedfast residents.	2	2.1	1.6	3.6
Residents confined to chairs.	46	47.4	37.3	39.1
Residents requiring restraints.	27	27.8	36.1	31.7
Confused or disoriented residents.	38	39.2	60.6	55.8
Residents with bed sores.	0	0.0	5.3	4.7
Residents receiving special skin care.	1	1.0	23.5	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	32	6.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	11	2.2	198	3.6
Each resident is free from mental and physical abuse.	MET	7	1.4	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	64	12.9	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	91	18.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	11	2.2	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.4	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	58	11.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	96	19.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	71	14.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	55	11.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	57	11.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	67	13.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	90	18.1	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	64	12.9	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	128	25.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	181	36.4	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	51	10.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	53	10.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	79	15.9	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	175	35.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	168	33.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	124	24.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	18	3.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	313	63.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
DOYLESTOWN HEALTH CARE CENTER

Street Address:		City and State:	
95 BLACK DR		DOYLESTOWN OH 44230	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF/ICF	100	NON-PROFIT PRIVATE	01/28/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
55	0	38

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	47	85.5	83.6	81.5
Dressing				
Residents requiring some or total assistance in dressing.	47	85.5	87.3	83.2
Toileting				
Residents requiring some or total assistance in toileting.	38	69.1	74.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	55	100	77.5	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	40	72.7	67.5	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	5.6	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	30	54.5	43.0	37.7
Completely bedfast residents.	4	7.3	3.4	3.4
Residents confined to chairs.	11	20.0	49.1	50.8
Residents requiring restraints.	23	41.8	43.2	41.3
Confused or disoriented residents.	33	60.0	59.0	58.4
Residents with bed sores.	2	3.6	7.6	7.1
Residents receiving special skin care.	18	32.7	28.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	6.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	13	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	8	1.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	57	12.7	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	86	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	5	1.1	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	60	13.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	103	22.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	96	21.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	54	12.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	72	16.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	107	23.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	73	16.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	91	20.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	72	16.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	133	29.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	113	25.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	50	11.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	30	6.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	56	12.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	153	34.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	138	30.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	60	13.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	49	10.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	10.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	143	31.8	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	21	4.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	283	62.9	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
SARA LEE NURSING HOME

Street Address:		City and State:	
140 WALL ROAD		DOYLESTOWN OH 44230	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	48	NON-PROFIT PRIVATE	06/02/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
41	0	36

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY #	FACILITY %	STATE %	NATION %
Bathing Residents requiring some or total assistance in bathing.	27	65.9	78.6	78.3
Dressing Residents requiring some or total assistance in dressing.	30	73.2	81.6	76.7
Toileting Residents requiring some or total assistance in toileting.	24	58.5	65.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	26	63.4	71.1	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	22	53.7	62.7	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	8.0	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	8	19.5	33.9	29.3
Completely bedfast residents.	0	0.0	1.6	3.6
Residents confined to chairs.	13	31.7	37.3	39.1
Residents requiring restraints.	15	36.6	36.1	31.7
Confused or disoriented residents.	24	58.5	60.6	55.8
Residents with bed sores.	3	7.3	5.3	4.7
Residents receiving special skin care.	0	0.0	23.5	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	32	6.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	11	2.2	198	3.6
Each resident is free from mental and physical abuse.	MET	7	1.4	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	64	12.9	564	10.3
Each resident is given privacy during treatment and care of personal needs.	NOT MET	91	18.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	11	2.2	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.4	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	58	11.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	96	19.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	NOT MET	71	14.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	55	11.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	57	11.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	67	13.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	90	18.1	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	64	12.9	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	128	25.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	181	36.4	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	51	10.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	53	10.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	79	15.9	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	175	35.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	168	33.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	124	24.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	18	3.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	313	63.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
FRIENDSHIP VILLAGE OF DUBLIN

Street Address:		City and State:	
6000 RIVERSIDE DRIVE		DUBLIN OH 43017	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF/ICF	60	NON-PROFIT OTHER	03/10/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
57	1	21

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	38	66.7	83.6	81.5
Dressing				
Residents requiring some or total assistance in dressing.	57	100	87.3	83.2
Toileting				
Residents requiring some or total assistance in toileting.	42	73.7	74.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	57	100	77.5	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	37	64.9	67.5	68.2
Residents on individually written bowel and bladder retraining program.	25	43.9	5.6	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	20	35.1	43.0	37.7
Completely bedfast residents.	0	0.0	3.4	3.4
Residents confined to chairs.	11	19.3	49.1	50.8
Residents requiring restraints.	14	24.6	43.2	41.3
Confused or disoriented residents.	39	68.4	59.0	58.4
Residents with bed sores.	3	5.3	7.6	7.1
Residents receiving special skin care.	36	63.2	28.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	NOT MET	27	6.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	13	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	8	1.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	57	12.7	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	86	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	5	1.1	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	60	13.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	103	22.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	96	21.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	54	12.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	72	16.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	107	23.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	73	16.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	91	20.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	72	16.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	133	29.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	113	25.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	50	11.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	30	6.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	56	12.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	153	34.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	138	30.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	60	13.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	49	10.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	10.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	143	31.8	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	21	4.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	283	62.9	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
AMBASSADOR NURSING CENTER

Street Address:		City and State:	
1835 BELMORE AVE		EAST CLEVELAND OH 44112	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF/ICF	159	PROPRIETARY	02/27/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
145	1	135

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	126	86.9	83.6	81.5
Dressing				
Residents requiring some or total assistance in dressing.	128	88.3	87.3	83.2
Toileting				
Residents requiring some or total assistance in toileting.	121	83.4	74.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	122	84.1	77.5	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	114	78.6	67.5	68.2
Residents on individually written bowel and bladder retraining program.	48	33.1	5.6	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	30	20.7	43.0	37.7
Completely bedfast residents.	3	2.1	3.4	3.4
Residents confined to chairs.	86	59.3	49.1	50.8
Residents requiring restraints.	89	61.4	43.2	41.3
Confused or disoriented residents.	115	79.3	59.0	58.4
Residents with bed sores.	16	11.0	7.6	7.1
Residents receiving special skin care.	12	8.3	28.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	6.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	13	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	8	1.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	57	12.7	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	86	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	5	1.1	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	60	13.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	103	22.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	96	21.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	54	12.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	72	16.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	107	23.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	73	16.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	91	20.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	72	16.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	133	29.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	113	25.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	50	11.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	30	6.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	56	12.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	153	34.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	138	30.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	60	13.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	49	10.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	48	10.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	143	31.8	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	21	4.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	283	62.9	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
EASTERN STAR HOME

Street Address:		City and State:	
2114 NOBLE RD		EAST CLEVELAND OH 44112	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	83	NON-PROFIT OTHER	10/09/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
79	0	57

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	79	100	78.6	78.3
Dressing				
Residents requiring some or total assistance in dressing.	79	100	81.6	76.7
Toileting				
Residents requiring some or total assistance in toileting.	61	77.2	65.9	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	46	58.2	71.1	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	62	78.5	62.7	59.1
Residents on individually written bowel and bladder retraining program.	1	1.3	8.0	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	10	12.7	33.9	29.3
Completely bedfast residents.	0	0.0	1.6	3.6
Residents confined to chairs.	14	17.7	37.3	39.1
Residents requiring restraints.	33	41.8	36.1	31.7
Confused or disoriented residents.	72	91.1	60.6	55.8
Residents with bed sores.	0	0.0	5.3	4.7
Residents receiving special skin care.	3	3.8	23.5	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	32	6.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	11	2.2	198	3.6
Each resident is free from mental and physical abuse.	MET	7	1.4	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	64	12.9	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	91	18.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	11	2.2	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.4	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	58	11.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	96	19.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	71	14.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	55	11.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	57	11.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	67	13.5	700	12.8

SELECTED PERFORMANCE INDICATORS

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		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	90	18.1	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	64	12.9	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	128	25.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	181	36.4	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	51	10.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	53	10.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	79	15.9	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	175	35.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	168	33.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	124	24.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	18	3.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	313	63.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
EAST LIVERPOOL CITY HOSPITAL

Street Address:		City and State:	
425 WEST FIFTH STREET		EAST LIVERPOOL OH 43920	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE SNF	236	NON-PROFIT PRIVATE	11/16/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
8	7	1

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	8	100	83.6	81.5
Dressing				
Residents requiring some or total assistance in dressing.	8	100	87.3	83.2
Toileting				
Residents requiring some or total assistance in toileting.	8	100	74.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	8	100	77.5	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	6	75.0	67.5	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	5.6	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	6	75.0	43.0	37.7
Completely bedfast residents.	3	37.5	3.4	3.4
Residents confined to chairs.	5	62.5	49.1	50.8
Residents requiring restraints.	1	12.5	43.2	41.3
Confused or disoriented residents.	1	12.5	59.0	58.4
Residents with bed sores.	1	12.5	7.6	7.1
Residents receiving special skin care.	2	25.0	28.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	6.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	13	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	8	1.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	57	12.7	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	86	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	5	1.1	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	60	13.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	103	22.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	96	21.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	54	12.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	72	16.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	107	23.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	73	16.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	91	20.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	72	16.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	133	29.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	113	25.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	50	11.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	30	6.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	56	12.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	153	34.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	138	30.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	60	13.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	49	10.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	10.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	143	31.8	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	21	4.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	283	62.9	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
EAST LIVERPOOL CONV CTR 2

Street Address:		City and State:	
701 ARMSTRONG LN		EAST LIVERPOOL OH 43920	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	50	PROPRIETARY	02/22/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
47	0	29

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	47	100	78.6	78.3
Dressing				
Residents requiring some or total assistance in dressing.	38	80.9	81.6	76.7
Toileting				
Residents requiring some or total assistance in toileting.	38	80.9	65.9	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	38	80.9	71.1	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	38	80.9	62.7	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	8.0	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	9	19.1	33.9	29.3
Completely bedfast residents.	0	0.0	1.6	3.6
Residents confined to chairs.	22	46.8	37.3	39.1
Residents requiring restraints.	16	34.0	36.1	31.7
Confused or disoriented residents.	46	97.9	60.6	55.8
Residents with bed sores.	1	2.1	5.3	4.7
Residents receiving special skin care.	47	100	23.5	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	32	6.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	11	2.2	198	3.6
Each resident is free from mental and physical abuse.	MET	7	1.4	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	64	12.9	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	91	18.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	11	2.2	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.4	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	58	11.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	96	19.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	71	14.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	55	11.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	57	11.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	67	13.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	90	18.1	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	64	12.9	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	128	25.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	181	36.4	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	51	10.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	53	10.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	79	15.9	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	175	35.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	168	33.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	124	24.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	18	3.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	313	63.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
EAST LIVERPOOL CONVALESCENT CTR ONE

Street Address:		City and State:	
709 ARMSTRONG LANE		EAST LIVERPOOL OH 43920	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	60	PROPRIETARY	11/25/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
60	0	42

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	60	100	78.6	78.3
Dressing				
Residents requiring some or total assistance in dressing.	56	93.3	81.6	76.7
Toileting				
Residents requiring some or total assistance in toileting.	52	86.7	65.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	47	78.3	71.1	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	43	71.7	62.7	59.1
Residents on individually written bowel and bladder retraining program.	31	51.7	8.0	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	29	48.3	33.9	29.3
Completely bedfast residents.	1	1.7	1.6	3.6
Residents confined to chairs.	37	61.7	37.3	39.1
Residents requiring restraints.	32	53.3	36.1	31.7
Confused or disoriented residents.	59	98.3	60.6	55.8
Residents with bed sores.	4	6.7	5.3	4.7
Residents receiving special skin care.	4	6.7	23.5	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	32	6.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	11	2.2	198	3.6
Each resident is free from mental and physical abuse.	MET	7	1.4	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	64	12.9	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	91	18.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	11	2.2	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.4	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	58	11.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	96	19.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	71	14.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	55	11.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	57	11.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	67	13.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	90	18.1	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	64	12.9	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	128	25.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	181	36.4	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	51	10.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	53	10.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	79	15.9	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	175	35.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	168	33.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	124	24.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	18	3.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	313	63.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
EAST LIVERPOOL EXTENDED CARE CENTER

Street Address:		City and State:	
430 WEST FIFTH STREET		EAST LIVERPOOL OH 43920	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	50	PROPRIETARY	07/10/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
45	0	21

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	45	100	78.6	78.3
Dressing				
Residents requiring some or total assistance in dressing.	45	100	81.6	76.7
Toileting				
Residents requiring some or total assistance in toileting.	41	91.1	65.9	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	41	91.1	71.1	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	41	91.1	62.7	59.1
Residents on individually written bowel and bladder retraining program.	3	6.7	8.0	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	14	31.1	33.9	29.3
Completely bedfast residents.	0	0.0	1.6	3.6
Residents confined to chairs.	42	93.3	37.3	39.1
Residents requiring restraints.	33	73.3	36.1	31.7
Confused or disoriented residents.	13	28.9	60.6	55.8
Residents with bed sores.	4	8.9	5.3	4.7
Residents receiving special skin care.	18	40.0	23.5	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	32	6.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	11	2.2	198	3.6
Each resident is free from mental and physical abuse.	MET	7	1.4	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	64	12.9	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	91	18.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	11	2.2	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.4	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	58	11.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	96	19.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	71	14.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	55	11.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	57	11.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	67	13.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	90	18.1	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	64	12.9	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	128	25.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	181	36.4	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	51	10.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	53	10.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	79	15.9	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	175	35.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	168	33.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	124	24.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	18	3.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	313	63.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
NENTWICK CONVALESCENT HOME

Street Address:		City and State:	
500 SELFRIDGE ST		EAST LIVERPOOL OH 43920	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	100	PROPRIETARY	04/04/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
99	0	83

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	90	90.9	78.6	78.3
Dressing				
Residents requiring some or total assistance in dressing.	35	35.4	81.6	76.7
Toileting				
Residents requiring some or total assistance in toileting.	77	77.8	65.9	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	99	100	71.1	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	51	51.5	62.7	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	8.0	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	21	21.2	33.9	29.3
Completely bedfast residents.	0	0.0	1.6	3.6
Residents confined to chairs.	29	29.3	37.3	39.1
Residents requiring restraints.	52	52.5	36.1	31.7
Confused or disoriented residents.	61	61.6	60.6	55.8
Residents with bed sores.	2	2.0	5.3	4.7
Residents receiving special skin care.	42	42.4	23.5	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

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		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	32	6.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	11	2.2	198	3.6
Each resident is free from mental and physical abuse.	MET	7	1.4	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	64	12.9	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	91	18.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	11	2.2	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.4	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	58	11.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	96	19.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	71	14.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	55	11.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	57	11.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	67	13.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	90	18.1	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	64	12.9	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	128	25.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	181	36.4	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	51	10.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	53	10.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	79	15.9	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	175	35.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	168	33.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	124	24.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	18	3.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	313	63.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
ROSS NH

Street Address:		City and State:	
945 AMBROSE AVE		EAST LIVERPOOL OH 43920	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	50	PROPRIETARY	03/31/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
47	0	40

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY #	FACILITY %	STATE %	NATION %
Bathing				
Residents requiring some or total assistance in bathing.	33	70.2	78.6	78.3
Dressing				
Residents requiring some or total assistance in dressing.	34	72.3	81.6	76.7
Toileting				
Residents requiring some or total assistance in toileting.	29	61.7	65.9	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	30	63.8	71.1	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	21	44.7	62.7	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	8.0	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	11	23.4	33.9	29.3
Completely bedfast residents.	1	2.1	1.6	3.6
Residents confined to chairs.	8	17.0	37.3	39.1
Residents requiring restraints.	5	10.6	36.1	31.7
Confused or disoriented residents.	22	46.8	60.6	55.8
Residents with bed sores.	5	10.6	5.3	4.7
Residents receiving special skin care.	19	40.4	23.5	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	32	6.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	11	2.2	198	3.6
Each resident is free from mental and physical abuse.	MET	7	1.4	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	64	12.9	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	91	18.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	11	2.2	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.4	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	58	11.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	96	19.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	71	14.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	55	11.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	57	11.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	67	13.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	90	18.1	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	64	12.9	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	128	25.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	181	36.4	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	51	10.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	53	10.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	79	15.9	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	175	35.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	168	33.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	124	24.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	18	3.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	313	63.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
VILLAGE SQUARE

Street Address:	City and State:		
7787 STALEY ROAD	EAST ORWELL OH 44034		
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	50	PROPRIETARY	05/29/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
48	0	37

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	38	79.2	78.6	78.3
Dressing				
Residents requiring some or total assistance in dressing.	43	89.6	81.6	76.7
Toileting				
Residents requiring some or total assistance in toileting.	37	77.1	65.9	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	37	77.1	71.1	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	30	62.5	62.7	59.1
Residents on individually written bowel and bladder retraining program.	3	6.3	8.0	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	17	35.4	33.9	29.3
Completely bedfast residents.	0	0.0	1.6	3.6
Residents confined to chairs.	21	43.8	37.3	39.1
Residents requiring restraints.	31	64.6	36.1	31.7
Confused or disoriented residents.	33	68.8	60.6	55.8
Residents with bed sores.	6	12.5	5.3	4.7
Residents receiving special skin care.	22	45.8	23.5	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	32	6.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	11	2.2	198	3.6
Each resident is free from mental and physical abuse.	MET	7	1.4	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	64	12.9	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	91	18.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	11	2.2	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.4	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	58	11.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	96	19.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	71	14.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	55	11.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	57	11.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	67	13.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	90	18.1	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	64	12.9	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	128	25.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	181	36.4	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	51	10.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	53	10.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	79	15.9	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	175	35.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	168	33.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	124	24.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	18	3.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	313	63.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
GOVERNOR HARRIS HOMESTEAD

Street Address:		City and State:	
310 N CHERRY ST		EATON OH 45320	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	27	PROPRIETARY	12/17/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
25	0	10

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY #	FACILITY %	STATE %	NATION %
Bathing				
Residents requiring some or total assistance in bathing.	21	84.0	78.6	78.3
Dressing				
Residents requiring some or total assistance in dressing.	23	92.0	81.6	76.7
Toileting				
Residents requiring some or total assistance in toileting.	14	56.0	65.9	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	25	100	71.1	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	19	76.0	62.7	59.1
Residents on individually written bowel and bladder retraining program.	7	28.0	8.0	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	15	60.0	33.9	29.3
Completely bedfast residents.	0	0.0	1.6	3.6
Residents confined to chairs.	11	44.0	37.3	39.1
Residents requiring restraints.	14	56.0	36.1	31.7
Confused or disoriented residents.	13	52.0	60.6	55.8
Residents with bed sores.	3	12.0	5.3	4.7
Residents receiving special skin care.	1	4.0	23.5	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

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		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	32	6.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	11	2.2	198	3.6
Each resident is free from mental and physical abuse.	MET	7	1.4	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	64	12.9	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	91	18.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	11	2.2	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.4	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	58	11.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	96	19.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	71	14.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	55	11.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	57	11.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	67	13.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	90	18.1	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	64	12.9	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	128	25.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	181	36.4	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	51	10.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	53	10.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	79	15.9	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	175	35.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	168	33.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	124	24.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	18	3.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	313	63.0	2452	44.8

Reminder: The results of the full survey are availabie from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
HEARTLAND OF EATON

Street Address:		City and State:	
515 S MAPLE ST		EATON OH 45320	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF/ICF	100	PROPRIETARY	04/21/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
97	1	54

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY #	FACILITY %	STATE %	NATION %
Bathing				
Residents requiring some or total assistance in bathing.	85	87.6	83.6	81.5
Dressing				
Residents requiring some or total assistance in dressing.	83	85.6	87.3	83.2
Toileting				
Residents requiring some or total assistance in toileting.	62	63.9	74.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	62	63.9	77.5	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	61	62.9	67.5	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	5.6	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	47	48.5	43.0	37.7
Completely bedfast residents.	2	2.1	3.4	3.4
Residents confined to chairs.	0	0.0	49.1	50.8
Residents requiring restraints.	42	43.3	43.2	41.3
Confused or disoriented residents.	63	64.9	59.0	58.4
Residents with bed sores.	4	4.1	7.6	7.1
Residents receiving special skin care.	6	6.2	28.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	6.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	13	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	8	1.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	57	12.7	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	86	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	5	1.1	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	60	13.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	103	22.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	96	21.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	54	12.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	72	16.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	107	23.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	73	16.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	91	20.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	72	16.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	133	29.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	113	25.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	50	11.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	30	6.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	56	12.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	153	34.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	138	30.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	60	13.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	49	10.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	10.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	143	31.8	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	21	4.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	283	62.9	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
OAKLAWN MANOR

Street Address:		City and State:	
120 NORTH CHERRY STREET		EATON OH 45320	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	34	PROPRIETARY	06/03/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
31	0	30

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	19	61.3	78.6	78.3
Dressing				
Residents requiring some or total assistance in dressing.	31	100	81.6	76.7
Toileting				
Residents requiring some or total assistance in toileting.	11	35.5	65.9	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	8	25.8	71.1	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	11	35.5	62.7	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	8.0	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	8	25.8	33.9	29.3
Completely bedfast residents.	0	0.0	1.6	3.6
Residents confined to chairs.	6	19.4	37.3	39.1
Residents requiring restraints.	19	61.3	36.1	31.7
Confused or disoriented residents.	1	3.2	60.6	55.8
Residents with bed sores.	2	6.5	5.3	4.7
Residents receiving special skin care.	0	0.0	23.5	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	32	6.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	11	2.2	198	3.6
Each resident is free from mental and physical abuse.	MET	7	1.4	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	64	12.9	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	91	18.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	11	2.2	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.4	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	58	11.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	96	19.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	71	14.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	55	11.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	57	11.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	67	13.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	90	18.1	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	64	12.9	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	128	25.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	181	36.4	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	51	10.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	53	10.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	79	15.9	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	175	35.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	168	33.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	124	24.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	18	3.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	313	63.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
PREBLE COUNTY HOME

Street Address:	City and State:		
1320 EASTON-GETTYSBURG ROAD	EATON OH 45320		
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	60	LOCAL GOVERNMENT	07/22/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
14	0	0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	8	57.1	78.6	78.3
Dressing Residents requiring some or total assistance in dressing.	10	71.4	81.6	76.7
Toileting Residents requiring some or total assistance in toileting.	6	42.9	65.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	5	35.7	71.1	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	4	28.6	62.7	59.1
Residents on individually written bowel and bladder retraining program.	4	28.6	8.0	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	6	42.9	33.9	29.3
Completely bedfast residents.	0	0.0	1.6	3.6
Residents confined to chairs.	0	0.0	37.3	39.1
Residents requiring restraints.	0	0.0	36.1	31.7
Confused or disoriented residents.	6	42.9	60.6	55.8
Residents with bed sores.	0	0.0	5.3	4.7
Residents receiving special skin care.	3	21.4	23.5	24.0

SELECTED PERFORMANCE INDICATORS

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		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	32	6.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	11	2.2	198	3.6
Each resident is free from mental and physical abuse.	MET	7	1.4	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	64	12.9	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	91	18.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	11	2.2	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.4	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	58	11.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	96	19.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	71	14.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	55	11.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	57	11.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	67	13.5	700	12.8

SELECTED PERFORMANCE INDICATORS

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		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	90	18.1	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	64	12.9	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	128	25.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	181	36.4	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	51	10.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	53	10.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	79	15.9	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	175	35.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	168	33.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	124	24.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	18	3.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	313	63.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
PARK VIEW NURSING HOME

Street Address:		City and State:	
U S RT 6 WEST		EDGERTON OH 43517	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF/ICF	100	PROPRIETARY	05/13/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
91	22	49

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	80	87.9	83.6	81.5
Dressing				
Residents requiring some or total assistance in dressing.	67	73.6	87.3	83.2
Toileting				
Residents requiring some or total assistance in toileting.	68	74.7	74.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	55	60.4	77.5	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	60	65.9	67.5	68.2
Residents on individually written bowel and bladder retraining program.	1	1.1	5.6	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	19	20.9	43.0	37.7
Completely bedfast residents.	1	1.1	3.4	3.4
Residents confined to chairs.	22	24.2	49.1	50.8
Residents requiring restraints.	39	42.9	43.2	41.3
Confused or disoriented residents.	13	14.3	59.0	58.4
Residents with bed sores.	9	9.9	7.6	7.1
Residents receiving special skin care.	35	38.5	28.4	31.2

SELECTED PERFORMANCE INDICATORS

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		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	6.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	13	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	8	1.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	57	12.7	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	86	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	5	1.1	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	60	13.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	103	22.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	96	21.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	54	12.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	72	16.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	107	23.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	73	16.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	91	20.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	72	16.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	133	29.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	113	25.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	50	11.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	30	6.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	56	12.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	153	34.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	138	30.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	60	13.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	49	10.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	48	10.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	143	31.8	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	21	4.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	283	62.9	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
ELYRIA UNITED METHODIST HME

Street Address:		City and State:	
807 WEST AVE		ELYRIA OH 44035	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF/ICF	209	NON-PROFIT PRIVATE	02/18/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
191	4	109

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	174	91.1	83.6	81.5
Dressing				
Residents requiring some or total assistance in dressing.	173	90.6	87.3	83.2
Toileting				
Residents requiring some or total assistance in toileting.	150	78.5	74.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	191	100	77.5	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	140	73.3	67.5	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	5.6	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	60	31.4	43.0	37.7
Completely bedfast residents.	0	0.0	3.4	3.4
Residents confined to chairs.	122	63.9	49.1	50.8
Residents requiring restraints.	86	45.0	43.2	41.3
Confused or disoriented residents.	127	66.5	59.0	58.4
Residents with bed sores.	5	2.6	7.6	7.1
Residents receiving special skin care.	34	17.8	28.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	6.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	13	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	8	1.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	57	12.7	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	86	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	5	1.1	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	60	13.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	103	22.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	96	21.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	54	12.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	72	16.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	107	23.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	73	16.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	91	20.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	72	16.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	133	29.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	113	25.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	50	11.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	30	6.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	56	12.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	153	34.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	138	30.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	60	13.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	49	10.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	48	10.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	143	31.8	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	21	4.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	283	62.9	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
PALM CREST WEST INC

Street Address:		City and State:	
221 WEST AVENUE		ELYRIA OH 44035	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	50	PROPRIETARY	12/09/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
44	0	44

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	25	56.8	78.6	78.3
Dressing				
Residents requiring some or total assistance in dressing.	29	65.9	81.6	76.7
Toileting				
Residents requiring some or total assistance in toileting.	30	68.2	65.9	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	38	86.4	71.1	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	31	70.5	62.7	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	8.0	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	13	29.5	33.9	29.3
Completely bedfast residents.	0	0.0	1.6	3.6
Residents confined to chairs.	17	38.6	37.3	39.1
Residents requiring restraints.	20	45.5	36.1	31.7
Confused or disoriented residents.	28	63.6	60.6	55.8
Residents with bed sores.	2	4.5	5.3	4.7
Residents receiving special skin care.	5	11.4	23.5	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	32	6.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	11	2.2	198	3.6
Each resident is free from mental and physical abuse.	MET	7	1.4	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	64	12.9	564	10.3
Each resident is given privacy during treatment and care of personal needs.	NOT MET	91	18.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	11	2.2	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.4	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	58	11.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	96	19.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	71	14.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	55	11.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	57	11.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	67	13.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	90	18.1	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	64	12.9	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	128	25.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	181	36.4	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	51	10.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	53	10.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	79	15.9	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	175	35.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	168	33.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	124	24.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	18	3.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	313	63.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
PALM CREST-EAST, INC.

Street Address:		City and State:	
1251 EAST AVE		ELYRIA OH 44035	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	30	PROPRIETARY	01/21/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
27	0	23

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	23	85.2	78.6	78.3
Dressing				
Residents requiring some or total assistance in dressing.	23	85.2	81.6	76.7
Toileting				
Residents requiring some or total assistance in toileting.	22	81.5	65.9	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	22	81.5	71.1	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	22	81.5	62.7	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	8.0	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	15	55.6	33.9	29.3
Completely bedfast residents.	4	14.8	1.6	3.6
Residents confined to chairs.	18	66.7	37.3	39.1
Residents requiring restraints.	22	81.5	36.1	31.7
Confused or disoriented residents.	21	77.8	60.6	55.8
Residents with bed sores.	1	3.7	5.3	4.7
Residents receiving special skin care.	3	11.1	23.5	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	32	6.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	11	2.2	198	3.6
Each resident is free from mental and physical abuse.	MET	7	1.4	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	64	12.9	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	91	18.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	11	2.2	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.4	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	58	11.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	96	19.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	71	14.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	55	11.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	57	11.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	67	13.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	90	18.1	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	64	12.9	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	128	25.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	181	36.4	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	51	10.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	53	10.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	79	15.9	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	175	35.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	168	33.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	124	24.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	18	3.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	313	63.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
ENGLEWOOD MANOR

Street Address:		City and State:	
20 UNION BLVD		ENGLEWOOD OH 45322	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF/ICF	80	PROPRIETARY	09/18/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
79	0	43

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	59	74.7	83.6	81.5
Dressing				
Residents requiring some or total assistance in dressing.	74	93.7	87.3	83.2
Toileting				
Residents requiring some or total assistance in toileting.	66	83.5	74.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	66	83.5	77.5	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	70	88.6	67.5	68.2
Residents on individually written bowel and bladder retraining program.	6	7.6	5.6	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	46	58.2	43.0	37.7
Completely bedfast residents.	10	12.7	3.4	3.4
Residents confined to chairs.	33	41.8	49.1	50.8
Residents requiring restraints.	47	59.5	43.2	41.3
Confused or disoriented residents.	76	96.2	59.0	58.4
Residents with bed sores.	0	0.0	7.6	7.1
Residents receiving special skin care.	29	36.7	28.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	6.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	13	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	8	1.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	57	12.7	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	86	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	5	1.1	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	60	13.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	103	22.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	96	21.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	54	12.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	72	16.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	107	23.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	73	16.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	91	20.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	72	16.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	133	29.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	113	25.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	50	11.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	30	6.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	56	12.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	153	34.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	138	30.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	60	13.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	49	10.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	10.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	143	31.8	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	21	4.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	283	62.9	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
BRAIVIEW MANOR HCF, INC.

Street Address:	City and State:		
20611 EUCLID AVE	EUCLID OH 44117		
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	230	PROPRIETARY	10/22/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
36	0	32

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	32	88.9	78.6	78.3
Dressing				
Residents requiring some or total assistance in dressing.	31	86.1	81.6	76.7
Toileting				
Residents requiring some or total assistance in toileting.	25	69.4	65.9	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	22	61.1	71.1	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	12	33.3	62.7	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	8.0	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	3	8.3	33.9	29.3
Completely bedfast residents.	0	0.0	1.6	3.6
Residents confined to chairs.	24	66.7	37.3	39.1
Residents requiring restraints.	4	11.1	36.1	31.7
Confused or disoriented residents.	6	16.7	60.6	55.8
Residents with bed sores.	7	19.4	5.3	4.7
Residents receiving special skin care.	3	8.3	23.5	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	32	6.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	11	2.2	198	3.6
Each resident is free from mental and physical abuse.	MET	7	1.4	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	64	12.9	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	91	18.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	11	2.2	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.4	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	58	11.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	96	19.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	71	14.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	55	11.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	57	11.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	67	13.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	90	18.1	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	64	12.9	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	128	25.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	181	36.4	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	51	10.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	53	10.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	79	15.9	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	175	35.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	168	33.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	124	24.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	18	3.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	313	63.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
CUY-LA HOME

Street Address:		City and State:	
1691 HILLANDALE DR		EUCLID OH 44132	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	33	PROPRIETARY	07/09/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
33	0	33

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	30	90.9	78.6	78.3
Dressing				
Residents requiring some or total assistance in dressing.	33	100	81.6	76.7
Toileting				
Residents requiring some or total assistance in toileting.	26	78.8	65.9	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	27	81.8	71.1	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	22	66.7	62.7	59.1
Residents on individually written bowel and bladder retraining program.	22	66.7	8.0	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	13	39.4	33.9	29.3
Completely bedfast residents.	0	0.0	1.6	3.6
Residents confined to chairs.	11	33.3	37.3	39.1
Residents requiring restraints.	26	78.8	36.1	31.7
Confused or disoriented residents.	29	87.9	60.6	55.8
Residents with bed sores.	1	3.0	5.3	4.7
Residents receiving special skin care.	0	0.0	23.5	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	32	6.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	11	2.2	198	3.6
Each resident is free from mental and physical abuse.	MET	7	1.4	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	64	12.9	564	10.3
Each resident is given privacy during treatment and care of personal needs.	NOT MET	91	18.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	11	2.2	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.4	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	NOT MET	58	11.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	96	19.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	71	14.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	55	11.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	57	11.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	67	13.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	90	18.1	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	64	12.9	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	128	25.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	181	36.4	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	51	10.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	53	10.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	79	15.9	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	175	35.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	168	33.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	124	24.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	18	3.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	313	63.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
INDIAN HILLS NURSING CENTER

Street Address:		City and State:	
1500 E 191ST STREET		EUCLID OH 44117	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF/ICF	100	PROPRIETARY	10/30/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
99	1	78

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	90	90.9	83.6	81.5
Dressing				
Residents requiring some or total assistance in dressing.	78	78.8	87.3	83.2
Toileting				
Residents requiring some or total assistance in toileting.	64	64.6	74.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	28	28.3	77.5	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	55	55.6	67.5	68.2
Residents on individually written bowel and bladder retraining program.	6	6.1	5.6	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	38	38.4	43.0	37.7
Completely bedfast residents.	0	0.0	3.4	3.4
Residents confined to chairs.	53	53.5	49.1	50.8
Residents requiring restraints.	36	36.4	43.2	41.3
Confused or disoriented residents.	55	55.6	59.0	58.4
Residents with bed sores.	5	5.1	7.6	7.1
Residents receiving special skin care.	18	18.2	28.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	6.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	13	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	8	1.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	57	12.7	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	86	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	5	1.1	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	60	13.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	103	22.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	96	21.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	54	12.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	72	16.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	107	23.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	73	16.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	91	20.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	72	16.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	133	29.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	113	25.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	50	11.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	30	6.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	56	12.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	153	34.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	138	30.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	60	13.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	49	10.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	10.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	143	31.8	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	21	4.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	283	62.9	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
MT ST JOSEPH NURSING HOME

Street Address:		City and State:	
21800 CHARDON RD		EUCLID OH 44117	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF/ICF	100	NON-PROFIT RELIGIOUS	12/18/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
96	0	50

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	77	80.2	83.6	81.5
Dressing				
Residents requiring some or total assistance in dressing.	91	94.8	87.3	83.2
Toileting				
Residents requiring some or total assistance in toileting.	66	68.8	74.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	80	83.3	77.5	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	71	74.0	67.5	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	5.6	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	70	72.9	43.0	37.7
Completely bedfast residents.	1	1.0	3.4	3.4
Residents confined to chairs.	29	30.2	49.1	50.8
Residents requiring restraints.	56	58.3	43.2	41.3
Confused or disoriented residents.	49	51.0	59.0	58.4
Residents with bed sores.	0	0.0	7.6	7.1
Residents receiving special skin care.	36	37.5	28.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	6.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	13	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	8	1.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	57	12.7	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	86	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	5	1.1	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	60	13.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	103	22.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	96	21.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	54	12.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	72	16.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	107	23.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	73	16.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	91	20.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	72	16.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	133	29.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	113	25.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	50	11.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	30	6.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	56	12.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	153	34.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	138	30.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	60	13.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	49	10.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	10.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	143	31.8	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	21	4.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	283	62.9	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
FAIRBORN CHRISTEL MANOR

Street Address:		City and State:	
789 STONEYBROOK TRAIL		FAIRBORN OH 45324	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	100	PROPRIETARY	10/09/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
100	0	100

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	96	96.0	78.6	78.3
Dressing				
Residents requiring some or total assistance in dressing.	90	90.0	81.6	76.7
Toileting				
Residents requiring some or total assistance in toileting.	68	68.0	65.9	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	63	63.0	71.1	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	68	68.0	62.7	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	8.0	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	62	62.0	33.9	29.3
Completely bedfast residents.	0	0.0	1.6	3.6
Residents confined to chairs.	14	14.0	37.3	39.1
Residents requiring restraints.	42	42.0	36.1	31.7
Confused or disoriented residents.	44	44.0	60.6	55.8
Residents with bed sores.	8	8.0	5.3	4.7
Residents receiving special skin care.	20	20.0	23.5	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	32	6.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	11	2.2	198	3.6
Each resident is free from mental and physical abuse.	MET	7	1.4	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	64	12.9	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	91	18.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	11	2.2	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.4	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	58	11.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	96	19.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	71	14.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	55	11.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	57	11.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	67	13.5	700	12.8

SELECTED PERFORMANCE INDICATORS

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		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	90	18.1	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	64	12.9	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	128	25.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	181	36.4	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	51	10.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	53	10.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	79	15.9	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	175	35.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	168	33.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	124	24.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	18	3.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	313	63.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
HERITAGE INN NH

Street Address:		City and State:	
201 W DAYTON DRIVE		FAIRBORN OH 45324	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	34	PROPRIETARY	03/24/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
29	0	26

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	23	79.3	78.6	78.3
Dressing				
Residents requiring some or total assistance in dressing.	18	62.1	81.6	76.7
Toileting				
Residents requiring some or total assistance in toileting.	16	55.2	65.9	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	11	37.9	71.1	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	15	51.7	62.7	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	8.0	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	8	27.6	33.9	29.3
Completely bedfast residents.	0	0.0	1.6	3.6
Residents confined to chairs.	8	27.6	37.3	39.1
Residents requiring restraints.	7	24.1	36.1	31.7
Confused or disoriented residents.	19	65.5	60.6	55.8
Residents with bed sores.	1	3.4	5.3	4.7
Residents receiving special skin care.	1	3.4	23.5	24.0

SELECTED PERFORMANCE INDICATORS

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		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	32	6.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	11	2.2	198	3.6
Each resident is free from mental and physical abuse.	MET	7	1.4	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	64	12.9	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	91	18.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	11	2.2	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.4	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	58	11.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	96	19.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	71	14.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	55	11.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	57	11.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	67	13.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	90	18.1	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	64	12.9	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	128	25.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	181	36.4	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	51	10.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	53	10.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	79	15.9	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	175	35.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	168	33.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	124	24.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	18	3.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	313	63.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
VILLA FAIRBORN

Street Address:		City and State:	
829 FAIRFIELD YELLOW SPRINGS ROAD		FAIRBORN OH 45324	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF/ICF	108	PROPRIETARY	06/25/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
97	0	69

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	60	61.9	83.6	81.5
Dressing				
Residents requiring some or total assistance in dressing.	67	69.1	87.3	83.2
Toileting				
Residents requiring some or total assistance in toileting.	56	57.7	74.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	57	58.8	77.5	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	40	41.2	67.5	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	5.6	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	45	46.4	43.0	37.7
Completely bedfast residents.	1	1.0	3.4	3.4
Residents confined to chairs.	49	50.5	49.1	50.8
Residents requiring restraints.	26	26.8	43.2	41.3
Confused or disoriented residents.	56	57.7	59.0	58.4
Residents with bed sores.	18	18.6	7.6	7.1
Residents receiving special skin care.	18	18.6	28.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

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		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	6.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	13	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	8	1.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	57	12.7	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	86	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	5	1.1	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	60	13.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	103	22.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	96	21.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	54	12.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	72	16.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	107	23.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	73	16.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	91	20.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	72	16.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	133	29.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	113	25.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	50	11.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	30	6.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	56	12.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	153	34.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	138	30.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	60	13.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	49	10.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	10.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	143	31.8	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	21	4.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	283	62.9	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
COMMUNITY MULTICARE CENTER

Street Address:		City and State:	
908 SYMMES RD		FAIRFIELD OH 45014	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF/ICF	105	PROPRIETARY	11/06/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
53	12	27

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	51	96.2	83.6	81.5
Dressing				
Residents requiring some or total assistance in dressing.	47	88.7	87.3	83.2
Toileting				
Residents requiring some or total assistance in toileting.	52	98.1	74.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	51	96.2	77.5	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	39	73.6	67.5	68.2
Residents on individually written bowel and bladder retraining program.	2	3.8	5.6	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	46	86.8	43.0	37.7
Completely bedfast residents.	24	45.3	3.4	3.4
Residents confined to chairs.	23	43.4	49.1	50.8
Residents requiring restraints.	14	26.4	43.2	41.3
Confused or disoriented residents.	20	37.7	59.0	58.4
Residents with bed sores.	17	32.1	7.6	7.1
Residents receiving special skin care.	27	50.9	28.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	6.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	13	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	8	1.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	57	12.7	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	86	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	5	1.1	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	60	13.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	103	22.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	96	21.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	54	12.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	72	16.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	107	23.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	73	16.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	91	20.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	72	16.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	133	29.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	113	25.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	50	11.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	30	6.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	56	12.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	153	34.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	138	30.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	60	13.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	49	10.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	10.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	143	31.8	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	21	4.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	283	62.9	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
CRESTWOOD CARE CENTER

Street Address:		City and State:	
6200 PLEASANT AVENUE		FAIRFIELD OH 45014	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF/ICF	60	PROPRIETARY	12/09/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
60	0	46

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	49	81.7	83.6	81.5
Dressing				
Residents requiring some or total assistance in dressing.	53	88.3	87.3	83.2
Toileting				
Residents requiring some or total assistance in toileting.	52	86.7	74.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	38	63.3	77.5	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	53	88.3	67.5	68.2
Residents on individually written bowel and bladder retraining program.	1	1.7	5.6	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	27	45.0	43.0	37.7
Completely bedfast residents.	7	11.7	3.4	3.4
Residents confined to chairs.	27	45.0	49.1	50.8
Residents requiring restraints.	28	46.7	43.2	41.3
Confused or disoriented residents.	31	51.7	59.0	58.4
Residents with bed sores.	1	1.7	7.6	7.1
Residents receiving special skin care.	16	26.7	28.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	6.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	13	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	8	1.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	57	12.7	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	86	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	5	1.1	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	NOT MET	60	13.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	103	22.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	96	21.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	54	12.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	72	16.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	107	23.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	73	16.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	91	20.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	72	16.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	133	29.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	113	25.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	50	11.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	30	6.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	56	12.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	153	34.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	138	30.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	60	13.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	49	10.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	10.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	143	31.8	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	21	4.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	283	62.9	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
TRI COUNTY EXTENDED CARE CENTER

Street Address:		City and State:	
5200 CAMELOT DRIVE		FAIRFIELD OH 45014	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF/ICF	258	PROPRIETARY	10/21/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
211	2	152

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	180	85.3	83.6	81.5
Dressing				
Residents requiring some or total assistance in dressing.	187	88.6	87.3	83.2
Toileting				
Residents requiring some or total assistance in toileting.	156	73.9	74.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	157	74.4	77.5	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	146	69.2	67.5	68.2
Residents on individually written bowel and bladder retraining program.	3	1.4	5.6	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	102	48.3	43.0	37.7
Completely bedfast residents.	12	5.7	3.4	3.4
Residents confined to chairs.	94	44.5	49.1	50.8
Residents requiring restraints.	17	8.1	43.2	41.3
Confused or disoriented residents.	121	57.3	59.0	58.4
Residents with bed sores.	11	5.2	7.6	7.1
Residents receiving special skin care.	36	17.1	28.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	6.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	13	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	8	1.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	57	12.7	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	86	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	5	1.1	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	60	13.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	103	22.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	96	21.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	54	12.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	72	16.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	107	23.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	73	16.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	91	20.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	72	16.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	133	29.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	113	25.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	50	11.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	30	6.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	56	12.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	153	34.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	138	30.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	60	13.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	49	10.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	10.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	143	31.8	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	21	4.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	283	62.9	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
THE ARBORS AT FAIRLAWN

Street Address:		City and State:	
575 CLEVELAND MASSILLON		FAIRLAWN OH 44213	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF/ICF	160	PROPRIETARY	07/30/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
62	2	22

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	56	90.3	83.6	81.5
Dressing				
Residents requiring some or total assistance in dressing.	56	90.3	87.3	83.2
Toileting				
Residents requiring some or total assistance in toileting.	55	88.7	74.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	48	77.4	77.5	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	40	64.5	67.5	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	5.6	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	8	12.9	43.0	37.7
Completely bedfast residents.	3	4.8	3.4	3.4
Residents confined to chairs.	13	21.0	49.1	50.8
Residents requiring restraints.	28	45.2	43.2	41.3
Confused or disoriented residents.	37	59.7	59.0	58.4
Residents with bed sores.	7	11.3	7.6	7.1
Residents receiving special skin care.	2	3.2	28.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	6.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	13	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	8	1.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	57	12.7	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	86	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	5	1.1	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	60	13.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	103	22.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	96	21.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	54	12.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	72	16.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	107	23.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	73	16.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	91	20.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	72	16.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	133	29.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	113	25.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	50	11.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	30	6.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	56	12.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	153	34.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	138	30.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	60	13.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	49	10.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	10.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	143	31.8	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	21	4.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	283	62.9	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
FOX RUN MANOR

Street Address:		City and State:	
2101 GREENDALE		FINDLAY OH 45840	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF/ICF	100	PROPRIETARY	09/03/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
97	5	78

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	67	69.1	83.6	81.5
Dressing				
Residents requiring some or total assistance in dressing.	74	76.3	87.3	83.2
Toileting				
Residents requiring some or total assistance in toileting.	71	73.2	74.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	69	71.1	77.5	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	44	45.4	67.5	68.2
Residents on individually written bowel and bladder retraining program.	1	1.0	5.6	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	23	23.7	43.0	37.7
Completely bedfast residents.	7	7.2	3.4	3.4
Residents confined to chairs.	60	61.9	49.1	50.8
Residents requiring restraints.	25	25.8	43.2	41.3
Confused or disoriented residents.	29	29.9	59.0	58.4
Residents with bed sores.	3	3.1	7.6	7.1
Residents receiving special skin care.	46	47.4	28.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	6.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	13	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	8	1.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	57	12.7	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	86	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	5	1.1	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	60	13.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	103	22.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	96	21.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	54	12.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	72	16.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	107	23.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	73	16.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	91	20.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	72	16.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	133	29.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	113	25.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	50	11.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	30	6.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	56	12.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	153	34.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	138	30.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	60	13.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	49	10.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	10.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	143	31.8	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	21	4.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	283	62.9	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
HERITAGE MANOR

Street Address:		City and State:	
2820 GREENACRE DR		FINDLAY OH 45840	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF/ICF	150	PROPRIETARY	08/20/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
101	0	24

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	82	81.2	83.6	81.5
Dressing				
Residents requiring some or total assistance in dressing.	78	77.2	87.3	83.2
Toileting				
Residents requiring some or total assistance in toileting.	72	71.3	74.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	73	72.3	77.5	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	50	49.5	67.5	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	5.6	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	25	24.8	43.0	37.7
Completely bedfast residents.	0	0.0	3.4	3.4
Residents confined to chairs.	38	37.6	49.1	50.8
Residents requiring restraints.	32	31.7	43.2	41.3
Confused or disoriented residents.	52	51.5	59.0	58.4
Residents with bed sores.	4	4.0	7.6	7.1
Residents receiving special skin care.	1	1.0	28.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	6.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	13	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	8	1.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	57	12.7	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	86	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	5	1.1	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	60	13.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	103	22.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	96	21.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	54	12.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	72	16.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	107	23.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	73	16.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	91	20.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	72	16.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	133	29.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	113	25.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	50	11.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	30	6.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	56	12.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	153	34.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	138	30.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	60	13.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	49	10.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	10.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	143	31.8	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	21	4.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	283	62.9	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
MARLESTA NH 2

Street Address:		City and State:	
401 INFIRMARY ROAD		FINDLAY OH 45840	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	60	PROPRIETARY	04/07/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
48	0	20

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	36	75.0	78.6	78.3
Dressing				
Residents requiring some or total assistance in dressing.	38	79.2	81.6	76.7
Toileting				
Residents requiring some or total assistance in toileting.	29	60.4	65.9	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	27	56.3	71.1	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	29	60.4	62.7	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	8.0	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	17	35.4	33.9	29.3
Completely bedfast residents.	1	2.1	1.6	3.6
Residents confined to chairs.	27	56.3	37.3	39.1
Residents requiring restraints.	18	37.5	36.1	31.7
Confused or disoriented residents.	29	60.4	60.6	55.8
Residents with bed sores.	1	2.1	5.3	4.7
Residents receiving special skin care.	17	35.4	23.5	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

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		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	32	6.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	11	2.2	198	3.6
Each resident is free from mental and physical abuse.	MET	7	1.4	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	64	12.9	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	91	18.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	11	2.2	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.4	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	58	11.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	96	19.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	71	14.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	55	11.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	57	11.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	67	13.5	700	12.8

SELECTED PERFORMANCE INDICATORS

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		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	90	18.1	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	64	12.9	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	128	25.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	181	36.4	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	51	10.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	53	10.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	79	15.9	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	175	35.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	168	33.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	124	24.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	18	3.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	313	63.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
MARLESTA 1

Street Address:		City and State:	
401 INFIRMARY RD		FINDLAY OH 45840	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	40	PROPRIETARY	08/26/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
35	0	21

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	31	88.6	78.6	78.3
Dressing				
Residents requiring some or total assistance in dressing.	31	88.6	81.6	76.7
Toileting				
Residents requiring some or total assistance in toileting.	22	62.9	65.9	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	20	57.1	71.1	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	31	88.6	62.7	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	8.0	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	7	20.0	33.9	29.3
Completely bedfast residents.	0	0.0	1.6	3.6
Residents confined to chairs.	21	60.0	37.3	39.1
Residents requiring restraints.	17	48.6	36.1	31.7
Confused or disoriented residents.	30	85.7	60.6	55.8
Residents with bed sores.	1	2.9	5.3	4.7
Residents receiving special skin care.	1	2.9	23.5	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	32	6.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	11	2.2	198	3.6
Each resident is free from mental and physical abuse.	MET	7	1.4	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	64	12.9	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	91	18.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	11	2.2	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.4	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	58	11.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	96	19.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	NOT MET	71	14.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	55	11.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	57	11.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	67	13.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	90	18.1	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	64	12.9	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	128	25.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	181	36.4	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	51	10.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	53	10.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	79	15.9	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	175	35.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	168	33.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	124	24.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	18	3.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	313	63.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
WINEBRENNER EXTENDED CARE FACILITY

Street Address:		City and State:	
425 FRAZER ST		FINDLAY OH 45840	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	150	NON-PROFIT RELIGIOUS	06/25/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
147	0	64

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	141	95.9	78.6	78.3
Dressing				
Residents requiring some or total assistance in dressing.	135	91.8	81.6	76.7
Toileting				
Residents requiring some or total assistance in toileting.	116	78.9	65.9	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	127	86.4	71.1	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	110	74.8	62.7	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	8.0	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	51	34.7	33.9	29.3
Completely bedfast residents.	0	0.0	1.6	3.6
Residents confined to chairs.	102	69.4	37.3	39.1
Residents requiring restraints.	71	48.3	36.1	31.7
Confused or disoriented residents.	100	68.0	60.6	55.8
Residents with bed sores.	4	2.7	5.3	4.7
Residents receiving special skin care.	97	66.0	23.5	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	32	6.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	11	2.2	198	3.6
Each resident is free from mental and physical abuse.	MET	7	1.4	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	64	12.9	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	91	18.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	11	2.2	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.4	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	58	11.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	96	19.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	71	14.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	55	11.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	57	11.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	67	13.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	90	18.1	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	64	12.9	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	128	25.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	181	36.4	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	51	10.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	53	10.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	79	15.9	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	175	35.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	168	33.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	124	24.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	18	3.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	313	63.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
WINEBRENNER HAVEN

Street Address:		City and State:	
425 FRAZER		FINDLAY OH 45840	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	24	NON-PROFIT RELIGIOUS	10/06/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
17	0	2

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	1	5.9	78.6	78.3
Dressing				
Residents requiring some or total assistance in dressing.	2	11.8	81.6	76.7
Toileting				
Residents requiring some or total assistance in toileting.	1	5.9	65.9	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	17	100	71.1	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	0	0.0	62.7	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	8.0	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	0	0.0	33.9	29.3
Completely bedfast residents.	0	0.0	1.6	3.6
Residents confined to chairs.	1	5.9	37.3	39.1
Residents requiring restraints.	0	0.0	36.1	31.7
Confused or disoriented residents.	0	0.0	60.6	55.8
Residents with bed sores.	0	0.0	5.3	4.7
Residents receiving special skin care.	1	5.9	23.5	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	32	6.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	11	2.2	198	3.6
Each resident is free from mental and physical abuse.	MET	7	1.4	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	64	12.9	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	91	18.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	11	2.2	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.4	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	58	11.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	96	19.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	71	14.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	55	11.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	57	11.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	67	13.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	90	18.1	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	64	12.9	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	128	25.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	181	36.4	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	51	10.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	53	10.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	79	15.9	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	175	35.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	168	33.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	124	24.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	18	3.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	313	63.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
HILLVIEW NH

Street Address:		City and State:	
EAST HIGH ST		FLUSHING OH 43977	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	23	PROPRIETARY	10/22/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
18	0	16

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	17	94.4	78.6	78.3
Dressing				
Residents requiring some or total assistance in dressing.	12	66.7	81.6	76.7
Toileting				
Residents requiring some or total assistance in toileting.	9	50.0	65.9	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	8	44.4	71.1	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	8	44.4	62.7	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	8.0	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	2	11.1	33.9	29.3
Completely bedfast residents.	0	0.0	1.6	3.6
Residents confined to chairs.	2	11.1	37.3	39.1
Residents requiring restraints.	1	5.6	36.1	31.7
Confused or disoriented residents.	11	61.1	60.6	55.8
Residents with bed sores.	2	11.1	5.3	4.7
Residents receiving special skin care.	18	100	23.5	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	32	6.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	11	2.2	198	3.6
Each resident is free from mental and physical abuse.	MET	7	1.4	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	64	12.9	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	91	18.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	11	2.2	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.4	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	58	11.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	96	19.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	71	14.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	55	11.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	57	11.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	67	13.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	90	18.1	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	64	12.9	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	128	25.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	181	36.4	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	51	10.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	53	10.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	79	15.9	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	175	35.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	168	33.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	124	24.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	18	3.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	313	63.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
EDGEWOOD MANOR NURSING HOME

Street Address:		City and State:	
25 CHRISTOPHER DR		FOSTORIA OH 44830	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF/ICF	85	PROPRIETARY	10/01/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
79	0	45

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	64	81.0	83.6	81.5
Dressing Residents requiring some or total assistance in dressing.	69	87.3	87.3	83.2
Toileting Residents requiring some or total assistance in toileting.	56	70.9	74.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	57	72.2	77.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	56	70.9	67.5	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	5.6	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	25	31.6	43.0	37.7
Completely bedfast residents.	6	7.6	3.4	3.4
Residents confined to chairs.	14	17.7	49.1	50.8
Residents requiring restraints.	28	35.4	43.2	41.3
Confused or disoriented residents.	38	48.1	59.0	58.4
Residents with bed sores.	0	0.0	7.6	7.1
Residents receiving special skin care.	9	11.4	28.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	NOT MET	27	6.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	13	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	8	1.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	57	12.7	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	86	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	5	1.1	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	NOT MET	60	13.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	103	22.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	96	21.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	54	12.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	72	16.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	107	23.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	73	16.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	91	20.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	72	16.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	133	29.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	113	25.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	50	11.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	30	6.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	56	12.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	153	34.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	138	30.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	60	13.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	49	10.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	10.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	143	31.8	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	21	4.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	283	62.9	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
GOOD SHEPHERD HOME

Street Address:		City and State:	
725 COLUMBUS AVE		FOSTORIA OH 44830	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	100	NON-PROFIT RELIGIOUS	12/23/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
100	0	55

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	100	100	78.6	78.3
Dressing				
Residents requiring some or total assistance in dressing.	100	100	81.6	76.7
Toileting				
Residents requiring some or total assistance in toileting.	100	100	65.9	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	73	73.0	71.1	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	79	79.0	62.7	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	8.0	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	29	29.0	33.9	29.3
Completely bedfast residents.	1	1.0	1.6	3.6
Residents confined to chairs.	25	25.0	37.3	39.1
Residents requiring restraints.	40	40.0	36.1	31.7
Confused or disoriented residents.	46	46.0	60.6	55.8
Residents with bed sores.	7	7.0	5.3	4.7
Residents receiving special skin care.	3	3.0	23.5	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	32	6.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	11	2.2	198	3.6
Each resident is free from mental and physical abuse.	MET	7	1.4	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	64	12.9	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	91	18.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	11	2.2	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.4	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	58	11.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	96	19.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	71	14.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	55	11.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	57	11.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	67	13.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	90	18.1	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	64	12.9	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	128	25.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	181	36.4	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	51	10.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	53	10.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	79	15.9	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	175	35.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	168	33.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	124	24.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	18	3.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	313	63.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
MEADOWBROOK MANOR NH OF HARTFORD

Street Address:		City and State:	
3090 FIVE POINTS HARTFORD RD		FOWLER OH 44418	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	54	PROPRIETARY	01/22/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
49	0	40

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	38	77.6	78.6	78.3
Dressing Residents requiring some or total assistance in dressing.	40	81.6	81.6	76.7
Toileting Residents requiring some or total assistance in toileting.	34	69.4	65.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	32	65.3	71.1	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	29	59.2	62.7	59.1
Residents on individually written bowel and bladder retraining program.	24	49.0	8.0	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	7	14.3	33.9	29.3
Completely bedfast residents.	0	0.0	1.6	3.6
Residents confined to chairs.	21	42.9	37.3	39.1
Residents requiring restraints.	5	10.2	36.1	31.7
Confused or disoriented residents.	48	98.0	60.6	55.8
Residents with bed sores.	1	2.0	5.3	4.7
Residents receiving special skin care.	14	28.6	23.5	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	32	6.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	11	2.2	198	3.6
Each resident is free from mental and physical abuse.	MET	7	1.4	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	64	12.9	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	91	18.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	11	2.2	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.4	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	58	11.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	96	19.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	71	14.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	55	11.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	57	11.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	67	13.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	90	18.1	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	64	12.9	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	128	25.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	181	36.4	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	51	10.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	53	10.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	79	15.9	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	175	35.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	168	33.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	124	24.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	18	3.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	313	63.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
VALLEY VIEW MANOR

Street Address:		City and State:	
3363 RAGGED RIDGE RD		FRANKFORT OH 45628	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	44	PROPRIETARY	08/26/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
36	0	21

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	36	100	78.6	78.3
Dressing				
Residents requiring some or total assistance in dressing.	34	94.4	81.6	76.7
Toileting				
Residents requiring some or total assistance in toileting.	25	69.4	65.9	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	24	66.7	71.1	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	21	58.3	62.7	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	8.0	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	9	25.0	33.9	29.3
Completely bedfast residents.	2	5.6	1.6	3.6
Residents confined to chairs.	16	44.4	37.3	39.1
Residents requiring restraints.	16	44.4	36.1	31.7
Confused or disoriented residents.	22	61.1	60.6	55.8
Residents with bed sores.	3	8.3	5.3	4.7
Residents receiving special skin care.	4	11.1	23.5	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	32	6.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	11	2.2	198	3.6
Each resident is free from mental and physical abuse.	MET	7	1.4	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	64	12.9	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	91	18.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	11	2.2	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.4	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	58	11.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	96	19.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	NOT MET	71	14.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	55	11.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	57	11.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	67	13.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	90	18.1	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	64	12.9	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	128	25.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	181	36.4	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	51	10.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	53	10.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	79	15.9	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	175	35.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	168	33.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	124	24.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	18	3.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	313	63.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
FOUNTAINHEAD NURSING HOME

Street Address:		City and State:	
OLD RT 52 PO BOX 36		FRANKLIN FURNACE OH 45629	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	30	PROPRIETARY	09/29/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
29	0	28

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	27	93.1	78.6	78.3
Dressing				
Residents requiring some or total assistance in dressing.	28	96.6	81.6	76.7
Toileting				
Residents requiring some or total assistance in toileting.	27	93.1	65.9	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	27	93.1	71.1	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	26	89.7	62.7	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	8.0	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	5	17.2	33.9	29.3
Completely bedfast residents.	2	6.9	1.6	3.6
Residents confined to chairs.	15	51.7	37.3	39.1
Residents requiring restraints.	13	44.8	36.1	31.7
Confused or disoriented residents.	28	96.6	60.6	55.8
Residents with bed sores.	1	3.4	5.3	4.7
Residents receiving special skin care.	6	20.7	23.5	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	32	6.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	11	2.2	198	3.6
Each resident is free from mental and physical abuse.	MET	7	1.4	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	64	12.9	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	91	18.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	11	2.2	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.4	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	58	11.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	96	19.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	71	14.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	55	11.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	57	11.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	67	13.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	90	18.1	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	64	12.9	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	128	25.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	181	36.4	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	51	10.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	53	10.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	79	15.9	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	175	35.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	168	33.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	124	24.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	18	3.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	313	63.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
FRANKLIN NURSING HOME OF FRANKLIN

Street Address:		City and State:	
422 MISSION LANE		FRANKLIN OH 45005	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF/ICF	99	PROPRIETARY	12/11/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
95	0	82

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	76	80.0	83.6	81.5
Dressing				
Residents requiring some or total assistance in dressing.	70	73.7	87.3	83.2
Toileting				
Residents requiring some or total assistance in toileting.	65	68.4	74.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	56	58.9	77.5	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	64	67.4	67.5	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	5.6	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	32	33.7	43.0	37.7
Completely bedfast residents.	0	0.0	3.4	3.4
Residents confined to chairs.	35	36.8	49.1	50.8
Residents requiring restraints.	34	35.8	43.2	41.3
Confused or disoriented residents.	35	36.8	59.0	58.4
Residents with bed sores.	3	3.2	7.6	7.1
Residents receiving special skin care.	35	36.8	28.4	31.2

SELECTED PERFORMANCE INDICATORS

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		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	6.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	13	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	8	1.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	57	12.7	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	86	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	5	1.1	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	NOT MET	60	13.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	103	22.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	96	21.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	54	12.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	72	16.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	107	23.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

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		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	73	16.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	91	20.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	72	16.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	133	29.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	113	25.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	50	11.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	30	6.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	56	12.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	153	34.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	138	30.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	60	13.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	49	10.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	10.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	143	31.8	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	21	4.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	283	62.9	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
HILLCREST NURSING HOME INC

Street Address:		City and State:	
1765 PAINTER ROAD		FREDERICKTOWN OH 43019	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF/ICF	48	PROPRIETARY	11/03/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
46	0	32

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	32	69.6	83.6	81.5
Dressing				
Residents requiring some or total assistance in dressing.	32	69.6	87.3	83.2
Toileting				
Residents requiring some or total assistance in toileting.	29	63.0	74.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	34	73.9	77.5	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	21	45.7	67.5	68.2
Residents on individually written bowel and bladder retraining program.	20	43.5	5.6	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	15	32.6	43.0	37.7
Completely bedfast residents.	0	0.0	3.4	3.4
Residents confined to chairs.	15	32.6	49.1	50.8
Residents requiring restraints.	16	34.8	43.2	41.3
Confused or disoriented residents.	18	39.1	59.0	58.4
Residents with bed sores.	2	4.3	7.6	7.1
Residents receiving special skin care.	2	4.3	28.4	31.2

SELECTED PERFORMANCE INDICATORS

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Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	6.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	13	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	8	1.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	57	12.7	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	86	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	5	1.1	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	60	13.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	103	22.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	96	21.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	54	12.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	72	16.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	107	23.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	73	16.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	91	20.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	72	16.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	133	29.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	113	25.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	50	11.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	30	6.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	56	12.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	153	34.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	138	30.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	60	13.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	49	10.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	10.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	143	31.8	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	21	4.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	283	62.9	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
BETHESDA CARE CENTER

Street Address:		City and State:	
600 NORTH BRUSH STREET		FREMONT OH 43420	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF/ICF	108	NON-PROFIT OTHER	03/17/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
105	1	41

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY #	FACILITY %	STATE %	NATION %
Bathing				
Residents requiring some or total assistance in bathing.	80	76.2	83.6	81.5
Dressing				
Residents requiring some or total assistance in dressing.	81	77.1	87.3	83.2
Toileting				
Residents requiring some or total assistance in toileting.	58	55.2	74.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	105	100	77.5	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	46	43.8	67.5	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	5.6	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	20	19.0	43.0	37.7
Completely bedfast residents.	1	1.0	3.4	3.4
Residents confined to chairs.	57	54.3	49.1	50.8
Residents requiring restraints.	42	40.0	43.2	41.3
Confused or disoriented residents.	37	35.2	59.0	58.4
Residents with bed sores.	4	3.8	7.6	7.1
Residents receiving special skin care.	40	38.1	28.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	6.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	13	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	8	1.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	57	12.7	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	86	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	5	1.1	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	60	13.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	103	22.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	96	21.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	54	12.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	72	16.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	107	23.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	73	16.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	91	20.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	72	16.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	133	29.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	113	25.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	50	11.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	30	6.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	56	12.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	153	34.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	138	30.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	60	13.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	49	10.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	10.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	143	31.8	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	21	4.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	283	62.9	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
COUNTRYSIDE CONTINUING CARE CTR

Street Address:		City and State:	
1865 COUNTY HOME RD		FREMONT OH 43420	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF/ICF	119	LOCAL GOVERNMENT	02/19/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
117	2	101

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	88	75.2	83.6	81.5
Dressing				
Residents requiring some or total assistance in dressing.	84	71.8	87.3	83.2
Toileting				
Residents requiring some or total assistance in toileting.	73	62.4	74.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	79	67.5	77.5	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	73	62.4	67.5	68.2
Residents on individually written bowel and bladder retraining program.	11	9.4	5.6	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	37	31.6	43.0	37.7
Completely bedfast residents.	0	0.0	3.4	3.4
Residents confined to chairs.	62	53.0	49.1	50.8
Residents requiring restraints.	52	44.4	43.2	41.3
Confused or disoriented residents.	60	51.3	59.0	58.4
Residents with bed sores.	4	3.4	7.6	7.1
Residents receiving special skin care.	27	23.1	28.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	6.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	13	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	8	1.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	57	12.7	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	86	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	NOT MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	5	1.1	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	NOT MET	60	13.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	103	22.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	96	21.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	54	12.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	72	16.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	107	23.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	73	16.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	91	20.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	72	16.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	133	29.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	113	25.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	50	11.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	30	6.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	56	12.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	153	34.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	138	30.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	60	13.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	49	10.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	48	10.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	143	31.8	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	21	4.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	283	62.9	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
FREMONT QUALITY CARE

Street Address:		City and State:	
825 JUNE ST		FREMONT OH 43420	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	100	PROPRIETARY	03/31/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
92	0	61

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	59	64.1	78.6	78.3
Dressing				
Residents requiring some or total assistance in dressing.	73	79.3	81.6	76.7
Toileting				
Residents requiring some or total assistance in toileting.	53	57.6	65.9	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	68	73.9	71.1	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	45	48.9	62.7	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	8.0	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	32	34.8	33.9	29.3
Completely bedfast residents.	0	0.0	1.6	3.6
Residents confined to chairs.	14	15.2	37.3	39.1
Residents requiring restraints.	13	14.1	36.1	31.7
Confused or disoriented residents.	22	23.9	60.6	55.8
Residents with bed sores.	0	0.0	5.3	4.7
Residents receiving special skin care.	8	8.7	23.5	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	32	6.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	11	2.2	198	3.6
Each resident is free from mental and physical abuse.	MET	7	1.4	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	64	12.9	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	91	18.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	11	2.2	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.4	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	58	11.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	96	19.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	71	14.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	55	11.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	57	11.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	67	13.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	90	18.1	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	64	12.9	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	128	25.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	181	36.4	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	51	10.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	53	10.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	79	15.9	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	175	35.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	168	33.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	124	24.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	18	3.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	313	63.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
PARKVIEW CARE CTR

Street Address:		City and State:	
1406 OAK HARBOR RD		FREMONT OH 43420	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	50	PROPRIETARY	06/25/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
48	0	16

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	46	95.8	78.6	78.3
Dressing				
Residents requiring some or total assistance in dressing.	46	95.8	81.6	76.7
Toileting				
Residents requiring some or total assistance in toileting.	38	79.2	65.9	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	38	79.2	71.1	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	32	66.7	62.7	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	8.0	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	15	31.3	33.9	29.3
Completely bedfast residents.	0	0.0	1.6	3.6
Residents confined to chairs.	23	47.9	37.3	39.1
Residents requiring restraints.	22	45.8	36.1	31.7
Confused or disoriented residents.	30	62.5	60.6	55.8
Residents with bed sores.	2	4.2	5.3	4.7
Residents receiving special skin care.	10	20.8	23.5	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	32	6.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	11	2.2	198	3.6
Each resident is free from mental and physical abuse.	MET	7	1.4	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	64	12.9	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	91	18.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	11	2.2	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.4	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	58	11.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	96	19.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	71	14.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	55	11.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	57	11.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	67	13.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	90	18.1	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	64	12.9	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	128	25.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	181	36.4	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	51	10.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	53	10.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	79	15.9	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	175	35.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	168	33.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	124	24.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	18	3.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	313	63.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
MORNING VIEW CARE CTR

Street Address:		City and State:	
P O BOX 38		FULTON OH 43321	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	34	PROPRIETARY	09/03/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
17	0	16

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	13	76.5	78.6	78.3
Dressing				
Residents requiring some or total assistance in dressing.	12	70.6	81.6	76.7
Toileting				
Residents requiring some or total assistance in toileting.	7	41.2	65.9	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	7	41.2	71.1	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	10	58.8	62.7	59.1
Residents on individually written bowel and bladder retraining program.	1	5.9	8.0	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	5	29.4	33.9	29.3
Completely bedfast residents.	0	0.0	1.6	3.6
Residents confined to chairs.	5	29.4	37.3	39.1
Residents requiring restraints.	6	35.3	36.1	31.7
Confused or disoriented residents.	16	94.1	60.6	55.8
Residents with bed sores.	0	0.0	5.3	4.7
Residents receiving special skin care.	6	35.3	23.5	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	32	6.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	11	2.2	198	3.6
Each resident is free from mental and physical abuse.	MET	7	1.4	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	64	12.9	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	91	18.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	11	2.2	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.4	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	58	11.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	96	19.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	71	14.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	55	11.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	57	11.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	67	13.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	90	18.1	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	64	12.9	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	128	25.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	181	36.4	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	51	10.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	53	10.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	79	15.9	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	175	35.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	168	33.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	124	24.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	18	3.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	313	63.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
BON-ING CARE CENTER

Street Address:		City and State:	
121 JAMES ROAD		GAHANNA OH 43230	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	100	PROPRIETARY	07/22/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
96	0	77

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	76	79.2	78.6	78.3
Dressing				
Residents requiring some or total assistance in dressing.	79	82.3	81.6	76.7
Toileting				
Residents requiring some or total assistance in toileting.	54	56.3	65.9	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	58	60.4	71.1	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	60	62.5	62.7	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	8.0	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	24	25.0	33.9	29.3
Completely bedfast residents.	0	0.0	1.6	3.6
Residents confined to chairs.	17	17.7	37.3	39.1
Residents requiring restraints.	45	46.9	36.1	31.7
Confused or disoriented residents.	53	55.2	60.6	55.8
Residents with bed sores.	3	3.1	5.3	4.7
Residents receiving special skin care.	23	24.0	23.5	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	32	6.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	11	2.2	198	3.6
Each resident is free from mental and physical abuse.	MET	7	1.4	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	64	12.9	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	91	18.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	11	2.2	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.4	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	58	11.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	96	19.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	NOT MET	71	14.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	55	11.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	57	11.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	67	13.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	90	18.1	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	64	12.9	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	128	25.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	181	36.4	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	51	10.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	53	10.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	79	15.9	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	175	35.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	168	33.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	124	24.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	18	3.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	313	63.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
ROSEWOOD MANOR

Street Address:		City and State:	
935 ROSEWOOD DR		GALION OH 44883	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF/ICF	90	PROPRIETARY	01/28/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
88	0	53

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY #	FACILITY %	STATE %	NATION %
Bathing				
Residents requiring some or total assistance in bathing.	76	86.4	83.6	81.5
Dressing				
Residents requiring some or total assistance in dressing.	84	95.5	87.3	83.2
Toileting				
Residents requiring some or total assistance in toileting.	62	70.5	74.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	51	58.0	77.5	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	54	61.4	67.5	68.2
Residents on individually written bowel and bladder retraining program.	1	1.1	5.6	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	66	75.0	43.0	37.7
Completely bedfast residents.	4	4.5	3.4	3.4
Residents confined to chairs.	30	34.1	49.1	50.8
Residents requiring restraints.	21	23.9	43.2	41.3
Confused or disoriented residents.	48	54.5	59.0	58.4
Residents with bed sores.	4	4.5	7.6	7.1
Residents receiving special skin care.	10	11.4	28.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	6.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	13	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	8	1.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	57	12.7	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	86	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	5	1.1	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	60	13.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	103	22.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	96	21.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	54	12.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	72	16.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	107	23.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	73	16.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	91	20.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	72	16.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	133	29.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	113	25.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	50	11.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	30	6.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	56	12.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	153	34.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	138	30.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	60	13.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	49	10.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	10.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	143	31.8	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	21	4.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	283	62.9	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
VILLAGE CARE CENTER

Street Address:		City and State:	
925 WAGNER AVE		GALION OH 44833	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF/ICF	58	PROPRIETARY	04/05/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
47	0	24

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	41	87.2	83.6	81.5
Dressing				
Residents requiring some or total assistance in dressing.	36	76.6	87.3	83.2
Toileting				
Residents requiring some or total assistance in toileting.	33	70.2	74.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	33	70.2	77.5	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	32	68.1	67.5	68.2
Residents on individually written bowel and bladder retraining program.	1	2.1	5.6	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	15	31.9	43.0	37.7
Completely bedfast residents.	1	2.1	3.4	3.4
Residents confined to chairs.	32	68.1	49.1	50.8
Residents requiring restraints.	25	53.2	43.2	41.3
Confused or disoriented residents.	23	48.9	59.0	56.4
Residents with bed sores.	1	2.1	7.6	7.1
Residents receiving special skin care.	10	21.3	28.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	NOT MET	27	6.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	13	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	8	1.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	57	12.7	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	86	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	5	1.1	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	60	13.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	103	22.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	96	21.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	54	12.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	72	16.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	107	23.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	73	16.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	91	20.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	72	16.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	133	29.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	113	25.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	50	11.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	30	6.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	56	12.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	153	34.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	138	30.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	60	13.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	49	10.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	10.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	143	31.8	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	21	4.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	283	62.9	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
PINECREST CARE CENTER

Street Address:		City and State:	
555 JACKSON PIKE		GALLIPOLIS OH 45631	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF/ICF	116	PROPRIETARY	01/29/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
109	1	87

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	88	80.7	83.6	81.5
Dressing				
Residents requiring some or total assistance in dressing.	81	74.3	87.3	83.2
Toileting				
Residents requiring some or total assistance in toileting.	74	67.9	74.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	76	69.7	77.5	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	49	45.0	67.5	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	5.6	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	37	33.9	43.0	37.7
Completely bedfast residents.	5	4.6	3.4	3.4
Residents confined to chairs.	28	25.7	49.1	50.8
Residents requiring restraints.	29	26.6	43.2	41.3
Confused or disoriented residents.	48	44.0	59.0	58.4
Residents with bed sores.	4	3.7	7.6	7.1
Residents receiving special skin care.	31	28.4	28.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	6.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	13	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	8	1.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	57	12.7	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	86	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	5	1.1	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	60	13.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	103	22.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	96	21.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	54	12.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	72	16.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	107	23.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	73	16.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	91	20.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	72	16.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	133	29.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	113	25.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	50	11.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	30	6.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	56	12.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	153	34.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	138	30.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	60	13.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	49	10.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	10.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	143	31.8	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	21	4.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	283	62.9	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
JENNINGS HALL

Street Address:		City and State:	
10204 GRANGER RD		GARFIELD HEIGHTS OH 44125	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	100	NON-PROFIT RELIGIOUS	06/04/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
88	0	46

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	86	97.7	78.6	78.3
Dressing				
Residents requiring some or total assistance in dressing.	68	77.3	81.6	76.7
Toileting				
Residents requiring some or total assistance in toileting.	57	64.8	65.9	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	62	70.5	71.1	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	38	43.2	62.7	59.1
Residents on individually written bowel and bladder retraining program.	25	28.4	8.0	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	62	70.5	33.9	29.3
Completely bedfast residents.	0	0.0	1.6	3.6
Residents confined to chairs.	33	37.5	37.3	39.1
Residents requiring restraints.	25	28.4	36.1	31.7
Confused or disoriented residents.	31	35.2	60.6	55.8
Residents with bed sores.	2	2.3	5.3	4.7
Residents receiving special skin care.	35	39.8	23.5	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	32	6.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	11	2.2	198	3.6
Each resident is free from mental and physical abuse.	MET	7	1.4	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	64	12.9	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	91	18.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	11	2.2	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.4	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	58	11.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	96	19.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	NOT MET	71	14.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	55	11.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	57	11.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	67	13.5	700	12.8

SELECTED PERFORMANCE INDICATORS

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		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	90	18.1	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	64	12.9	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	128	25.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	181	36.4	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	51	10.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	53	10.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	79	15.9	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	175	35.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	168	33.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	124	24.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	18	3.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	313	63.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
BROADWAY NURSING HOME

Street Address:		City and State:	
162 S BROADWAY		GENEVA OH 44041	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	85	PROPRIETARY	01/25/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
84	0	80

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	34	40.5	78.6	78.3
Dressing				
Residents requiring some or total assistance in dressing.	43	51.2	81.6	76.7
Toileting				
Residents requiring some or total assistance in toileting.	1	1.2	65.9	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	1	1.2	71.1	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	6	7.1	62.7	59.1
Residents on individually written bowel and bladder retraining program.	14	16.7	8.0	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	0	0.0	33.9	29.3
Completely bedfast residents.	0	0.0	1.6	3.6
Residents confined to chairs.	0	0.0	37.3	39.1
Residents requiring restraints.	0	0.0	36.1	31.7
Confused or disoriented residents.	84	100	60.6	55.8
Residents with bed sores.	0	0.0	5.3	4.7
Residents receiving special skin care.	2	2.4	23.5	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	32	6.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	11	2.2	198	3.6
Each resident is free from mental and physical abuse.	MET	7	1.4	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	64	12.9	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	91	18.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	11	2.2	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.4	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	58	11.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	96	19.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	71	14.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	55	11.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	57	11.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	67	13.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	90	18.1	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	64	12.9	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	128	25.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	181	36.4	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	51	10.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	53	10.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	79	15.9	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	175	35.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	168	33.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	124	24.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	18	3.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	313	63.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
CON LEA NURSING HOME INC

Street Address:		City and State:	
388 S BROADWAY STREET		GENEVA OH 44041	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	42	PROPRIETARY	01/26/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
42	0	37

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	38	90.5	78.6	78.3
Dressing Residents requiring some or total assistance in dressing.	34	81.0	81.6	76.7
Toileting Residents requiring some or total assistance in toileting.	25	59.5	65.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	30	71.4	71.1	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	22	52.4	62.7	59.1
Residents on individually written bowel and bladder retraining program.	11	26.2	8.0	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	9	21.4	33.9	29.3
Completely bedfast residents.	0	0.0	1.6	3.6
Residents confined to chairs.	17	40.5	37.3	39.1
Residents requiring restraints.	13	31.0	36.1	31.7
Confused or disoriented residents.	29	69.0	60.6	55.8
Residents with bed sores.	3	7.1	5.3	4.7
Residents receiving special skin care.	10	23.8	23.5	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	32	6.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	11	2.2	198	3.6
Each resident is free from mental and physical abuse.	MET	7	1.4	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	64	12.9	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	91	18.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	11	2.2	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.4	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	58	11.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	96	19.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	71	14.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	55	11.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	57	11.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	67	13.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	90	18.1	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	64	12.9	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	128	25.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	181	36.4	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	51	10.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	53	10.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	79	15.9	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	175	35.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	168	33.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	124	24.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	18	3.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	313	63.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
ESTHER MARIE NURSING CENTER

Street Address:		City and State:	
60 WEST STREET		GENEVA OH 44041	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	53	PROPRIETARY	01/27/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
47	0	26

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	42	89.4	78.6	78.3
Dressing				
Residents requiring some or total assistance in dressing.	42	89.4	81.6	76.7
Toileting				
Residents requiring some or total assistance in toileting.	37	78.7	65.9	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	34	72.3	71.1	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	29	61.7	62.7	59.1
Residents on individually written bowel and bladder retraining program.	10	21.3	8.0	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	12	25.5	33.9	29.3
Completely bedfast residents.	1	2.1	1.6	3.6
Residents confined to chairs.	10	21.3	37.3	39.1
Residents requiring restraints.	16	34.0	36.1	31.7
Confused or disoriented residents.	28	59.6	60.6	55.8
Residents with bed sores.	8	17.0	5.3	4.7
Residents receiving special skin care.	14	29.8	23.5	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	32	6.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	11	2.2	198	3.6
Each resident is free from mental and physical abuse.	MET	7	1.4	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	64	12.9	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	91	18.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	11	2.2	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.4	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	NOT MET	58	11.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	96	19.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	71	14.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	55	11.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	57	11.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	67	13.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	90	18.1	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	64	12.9	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	128	25.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	181	36.4	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	51	10.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	53	10.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	79	15.9	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	175	35.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	168	33.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	124	24.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	18	3.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	313	63.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
GENEVA HEALTH CARE CENTER

Street Address:		City and State:	
840 SHERMAN ST		GENEVA OH 44041	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF/ICF	106	PROPRIETARY	06/26/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
103	3	83

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	90	87.4	83.6	81.5
Dressing				
Residents requiring some or total assistance in dressing.	90	87.4	87.3	83.2
Toileting				
Residents requiring some or total assistance in toileting.	69	67.0	74.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	67	65.0	77.5	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	75	72.8	67.5	68.2
Residents on individually written bowel and bladder retraining program.	12	11.7	5.6	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	23	22.3	43.0	37.7
Completely bedfast residents.	0	0.0	3.4	3.4
Residents confined to chairs.	48	46.6	49.1	50.8
Residents requiring restraints.	44	42.7	43.2	41.3
Confused or disoriented residents.	44	42.7	59.0	58.4
Residents with bed sores.	17	16.5	7.6	7.1
Residents receiving special skin care.	29	28.2	28.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	6.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	13	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	8	1.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	57	12.7	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	86	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	5	1.1	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	60	13.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	103	22.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	96	21.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	54	12.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	72	16.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	107	23.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

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		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	73	16.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	91	20.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	72	16.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	133	29.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	113	25.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	50	11.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	30	6.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	56	12.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	153	34.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	138	30.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	60	13.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	49	10.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	10.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	143	31.8	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	21	4.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	283	62.9	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
GRAND MANNER INC

Street Address:		City and State:	
750 EASTLAWN ST		GENEVA OH 44041	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	16	PROPRIETARY	08/07/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
14	0	13

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	10	71.4	78.6	78.3
Dressing				
Residents requiring some or total assistance in dressing.	10	71.4	81.6	76.7
Toileting				
Residents requiring some or total assistance in toileting.	10	71.4	65.9	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	13	92.9	71.1	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	10	71.4	62.7	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	8.0	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	3	21.4	33.9	29.3
Completely bedfast residents.	0	0.0	1.6	3.6
Residents confined to chairs.	3	21.4	37.3	39.1
Residents requiring restraints.	3	21.4	36.1	31.7
Confused or disoriented residents.	14	100	60.6	55.8
Residents with bed sores.	0	0.0	5.3	4.7
Residents receiving special skin care.	0	0.0	23.5	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	32	6.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	11	2.2	198	3.6
Each resident is free from mental and physical abuse.	MET	7	1.4	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	64	12.9	564	10.3
Each resident is given privacy during treatment and care of personal needs.	NOT MET	91	18.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	11	2.2	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.4	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	58	11.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	96	19.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	71	14.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	55	11.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	57	11.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	67	13.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	90	18.1	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	64	12.9	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	128	25.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	181	36.4	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	51	10.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	53	10.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	79	15.9	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	175	35.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	168	33.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	124	24.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	18	3.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	313	63.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
RAE ANN GENEVA

Street Address:		City and State:	
839 W MAIN ST		GENEVA OH 44041	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	84	PROPRIETARY	07/16/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
81	0	81

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	73	90.1	78.6	78.3
Dressing Residents requiring some or total assistance in dressing.	69	85.2	81.6	76.7
Toileting Residents requiring some or total assistance in toileting.	51	63.0	65.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	74	91.4	71.1	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	46	56.8	62.7	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	8.0	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	20	24.7	33.9	29.3
Completely bedfast residents.	0	0.0	1.6	3.6
Residents confined to chairs.	39	48.1	37.3	39.1
Residents requiring restraints.	33	40.7	36.1	31.7
Confused or disoriented residents.	70	86.4	60.6	55.8
Residents with bed sores.	3	3.7	5.3	4.7
Residents receiving special skin care.	12	14.8	23.5	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	32	6.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	11	2.2	198	3.6
Each resident is free from mental and physical abuse.	MET	7	1.4	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	64	12.9	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	91	18.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	11	2.2	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.4	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	58	11.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	96	19.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	71	14.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	55	11.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	57	11.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	67	13.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	90	18.1	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	64	12.9	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	128	25.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	181	36.4	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	51	10.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	53	10.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	79	15.9	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	175	35.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	168	33.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	124	24.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	18	3.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	313	63.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
GENOA CARE CNETER

Street Address:		City and State:	
300 CHERRY STREET		GENOA OH 43430	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF/ICF	100	PROPRIETARY	03/25/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
94	1	45

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	65	69.1	83.6	81.5
Dressing				
Residents requiring some or total assistance in dressing.	72	76.6	87.3	83.2
Toileting				
Residents requiring some or total assistance in toileting.	66	70.2	74.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	64	68.1	77.5	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	63	67.0	67.5	68.2
Residents on individually written bowel and bladder retraining program.	1	1.1	5.6	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	25	26.6	43.0	37.7
Completely bedfast residents.	3	3.2	3.4	3.4
Residents confined to chairs.	33	35.1	49.1	50.8
Residents requiring restraints.	31	33.0	43.2	41.3
Confused or disoriented residents.	61	64.9	59.0	58.4
Residents with bed sores.	5	5.3	7.6	7.1
Residents receiving special skin care.	29	30.9	28.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	6.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	13	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	8	1.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	57	12.7	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	86	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.3
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	NOT MET	5	1.1	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	NOT MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	NOT MET	60	13.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	103	22.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	96	21.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	54	12.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	72	16.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	107	23.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

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		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	73	16.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	91	20.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	72	16.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	133	29.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	113	25.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	50	11.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	30	6.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	56	12.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	153	34.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	138	30.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	60	13.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	49	10.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	10.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	143	31.8	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	21	4.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	283	62.9	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
GEORGETOWN NURSING HOME

Street Address:		City and State:	
312 W STATE ST		GEORGETOWN OH 45121	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	33	PROPRIETARY	10/22/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
33	0	24

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	29	87.9	78.6	78.3
Dressing				
Residents requiring some or total assistance in dressing.	26	78.8	81.6	76.7
Toileting				
Residents requiring some or total assistance in toileting.	21	63.6	65.9	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	24	72.7	71.1	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	20	60.6	62.7	59.1
Residents on individually written bowel and bladder retraining program.	2	6.1	8.0	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	16	48.5	33.9	29.3
Completely bedfast residents.	3	9.1	1.6	3.6
Residents confined to chairs.	17	51.5	37.3	39.1
Residents requiring restraints.	0	0.0	36.1	31.7
Confused or disoriented residents.	20	60.6	60.6	55.8
Residents with bed sores.	1	3.0	5.3	4.7
Residents receiving special skin care.	12	36.4	23.5	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	32	6.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	11	2.2	198	3.6
Each resident is free from mental and physical abuse.	MET	7	1.4	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	64	12.9	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	91	18.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	11	2.2	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.4	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	58	11.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	96	19.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	71	14.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	55	11.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	57	11.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	67	13.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	90	18.1	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	64	12.9	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	128	25.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	181	36.4	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	51	10.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	53	10.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	79	15.9	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	175	35.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	168	33.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	124	24.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	18	3.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	313	63.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
MEADOWWOOD NURSING HOME

Street Address:		City and State:	
61 STEPHANS AVE		GEORGETOWN OH 45121	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF/ICF	53	PROPRIETARY	02/11/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
45	0	33

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	38	84.4	83.6	81.5
Dressing				
Residents requiring some or total assistance in dressing.	38	84.4	87.3	83.2
Toileting				
Residents requiring some or total assistance in toileting.	36	80.0	74.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	35	77.8	77.5	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	28	62.2	67.5	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	5.6	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	41	91.1	43.0	37.7
Completely bedfast residents.	4	8.9	3.4	3.4
Residents confined to chairs.	26	57.8	49.1	50.8
Residents requiring restraints.	32	71.1	43.2	41.3
Confused or disoriented residents.	20	44.4	59.0	58.4
Residents with bed sores.	1	2.2	7.6	7.1
Residents receiving special skin care.	0	0.0	28.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	6.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	13	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	8	1.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	57	12.7	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	86	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	5	1.1	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	60	13.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	103	22.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	96	21.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	54	12.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	72	16.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	107	23.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	73	16.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	91	20.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	72	16.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	133	29.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	113	25.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	50	11.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	30	6.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	56	12.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	153	34.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	138	30.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	60	13.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	49	10.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	10.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	143	31.8	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	21	4.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	283	62.9	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
VILLA GEORGETOWN

Street Address:		City and State:	
8065 DR FAUL RD		GEORGETOWN OH 45121	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF/ICF	100	PROPRIETARY	06/11/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
100	2	61

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	78	78.0	83.6	81.5
Dressing				
Residents requiring some or total assistance in dressing.	84	84.0	87.3	83.2
Toileting				
Residents requiring some or total assistance in toileting.	66	66.0	74.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	70	70.0	77.5	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	71	71.0	67.5	68.2
Residents on individually written bowel and bladder retraining program.	2	2.0	5.6	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	26	26.0	43.0	37.7
Completely bedfast residents.	0	0.0	3.4	3.4
Residents confined to chairs.	60	60.0	49.1	50.8
Residents requiring restraints.	36	36.0	43.2	41.3
Confused or disoriented residents.	72	72.0	59.0	58.4
Residents with bed sores.	8	8.0	7.6	7.1
Residents receiving special skin care.	19	19.0	28.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	6.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	13	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	8	1.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	57	12.7	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	86	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	5	1.1	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	NOT MET	60	13.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	103	22.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	96	21.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	54	12.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	72	16.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	107	23.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	73	16.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	91	20.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	72	16.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	133	29.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	113	25.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	50	11.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	30	6.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	56	12.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	153	34.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	138	30.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	60	13.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	49	10.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	10.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	143	31.8	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	21	4.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	283	62.9	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
GIBSONBURG HEALTH CARE CTR

Street Address:		City and State:	
355 WINDSOR LANE		GIBSONBURG OH 43431	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF/ICF	100	PROPRIETARY	03/09/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
71	4	32

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	60	84.5	83.6	81.5
Dressing				
Residents requiring some or total assistance in dressing.	60	84.5	87.3	83.2
Toileting				
Residents requiring some or total assistance in toileting.	42	59.2	74.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	61	85.9	77.5	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	40	56.3	67.5	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	5.6	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	23	32.4	43.0	37.7
Completely bedfast residents.	1	1.4	3.4	3.4
Residents confined to chairs.	12	16.9	49.1	50.8
Residents requiring restraints.	24	33.8	43.2	41.3
Confused or disoriented residents.	35	49.3	59.0	58.4
Residents with bed sores.	9	12.7	7.6	7.1
Residents receiving special skin care.	14	19.7	28.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

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		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	6.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	13	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	8	1.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	57	12.7	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	86	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	5	1.1	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	NOT MET	60	13.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	103	22.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	96	21.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	54	12.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	72	16.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	107	23.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	73	16.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	91	20.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	72	16.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	133	29.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	113	25.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	50	11.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	30	6.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	56	12.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	153	34.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	138	30.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	60	13.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	49	10.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	48	10.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	143	31.8	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	21	4.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	283	62.9	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
RAPIDS NURSING HOME

Street Address:		City and State:	
24305 3RD ST		GRAND RAPIDS OH 43522	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	25	PROPRIETARY	07/23/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
21	0	16

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	14	66.7	78.6	78.3
Dressing				
Residents requiring some or total assistance in dressing.	13	61.9	81.6	76.7
Toileting				
Residents requiring some or total assistance in toileting.	13	61.9	65.9	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	11	52.4	71.1	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	12	57.1	62.7	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	8.0	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	5	23.8	33.9	29.3
Completely bedfast residents.	2	9.5	1.6	3.6
Residents confined to chairs.	7	33.3	37.3	39.1
Residents requiring restraints.	6	28.6	36.1	31.7
Confused or disoriented residents.	12	57.1	60.6	55.8
Residents with bed sores.	3	14.3	5.3	4.7
Residents receiving special skin care.	3	14.3	23.5	24.0

SELECTED PERFORMANCE INDICATORS

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Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	32	6.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	11	2.2	198	3.6
Each resident is free from mental and physical abuse.	MET	7	1.4	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	64	12.9	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	91	18.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	11	2.2	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.4	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	58	11.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	96	19.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	71	14.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	55	11.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	57	11.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	67	13.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	90	18.1	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	64	12.9	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	128	25.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	181	36.4	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	51	10.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	53	10.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	79	15.9	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	175	35.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	168	33.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	124	24.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	18	3.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	313	63.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
ELMWOOD CENTERS

Street Address:		City and State:	
430 NORTH BROADWAY STREET		GREEN SPRINGS OH 44836	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	31	PROPRIETARY	08/15/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
16	0	0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	16	100	78.6	78.3
Dressing				
Residents requiring some or total assistance in dressing.	16	100	81.6	76.7
Toileting				
Residents requiring some or total assistance in toileting.	15	93.8	65.9	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	15	93.8	71.1	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	15	93.8	62.7	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	8.0	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	5	31.3	33.9	29.3
Completely bedfast residents.	0	0.0	1.6	3.6
Residents confined to chairs.	8	50.0	37.3	39.1
Residents requiring restraints.	8	50.0	36.1	31.7
Confused or disoriented residents.	12	75.0	60.6	55.8
Residents with bed sores.	1	6.3	5.3	4.7
Residents receiving special skin care.	4	25.0	23.5	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	32	6.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	11	2.2	198	3.6
Each resident is free from mental and physical abuse.	MET	7	1.4	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	64	12.9	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	91	18.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	11	2.2	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.4	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	58	11.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	96	19.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	71	14.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	55	11.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	57	11.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	67	13.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	90	18.1	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	64	12.9	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	128	25.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	181	36.4	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	51	10.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	53	10.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	79	15.9	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	175	35.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	168	33.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	124	24.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	18	3.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	313	63.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
ST FRANCIS REHAB HOSP NRSG HOME

Street Address:	City and State:		
401 NORTH BROADWAY STREET	GREEN SPRINGS OH 44836		
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF/ICF	150	NON-PROFIT RELIGIOUS	03/14/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
107	1	78

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	92	86.0	83.6	81.5
Dressing				
Residents requiring some or total assistance in dressing.	91	85.0	87.3	83.2
Toileting				
Residents requiring some or total assistance in toileting.	89	83.2	74.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	94	87.9	77.5	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	64	59.8	67.5	68.2
Residents on individually written bowel and bladder retraining program.	4	3.7	5.6	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	43	40.2	43.0	37.7
Completely bedfast residents.	1	0.9	3.4	3.4
Residents confined to chairs.	65	60.7	49.1	50.8
Residents requiring restraints.	70	65.4	43.2	41.3
Confused or disoriented residents.	39	36.4	59.0	58.4
Residents with bed sores.	6	5.6	7.6	7.1
Residents receiving special skin care.	26	24.3	28.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	6.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	13	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	8	1.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	57	12.7	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	86	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	5	1.1	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	60	13.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	103	22.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	96	21.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	54	12.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	72	16.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	107	23.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	73	16.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	91	20.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	72	16.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	133	29.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	113	25.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	50	11.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	30	6.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	56	12.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	153	34.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	138	30.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	60	13.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	49	10.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	10.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	143	31.8	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	21	4.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	283	62.9	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
EDGEWOOD MANOR OF GREENFIELD INC

Street Address:		City and State:	
850 NELLIE ST		GREENFIELD OH 45123	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF/ICF	63	PROPRIETARY	11/25/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
59	0	35

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	50	84.7	83.6	81.5
Dressing				
Residents requiring some or total assistance in dressing.	46	78.0	87.3	83.2
Toileting				
Residents requiring some or total assistance in toileting.	44	74.6	74.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	40	67.8	77.5	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	44	74.6	67.5	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	5.6	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	19	32.2	43.0	37.7
Completely bedfast residents.	2	3.4	3.4	3.4
Residents confined to chairs.	23	39.0	49.1	50.8
Residents requiring restraints.	10	16.9	43.2	41.3
Confused or disoriented residents.	37	62.7	59.0	58.4
Residents with bed sores.	10	16.9	7.6	7.1
Residents receiving special skin care.	14	23.7	28.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	NOT MET	27	6.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	13	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	8	1.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	57	12.7	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	86	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	5	1.1	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	NOT MET	60	13.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	103	22.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	96	21.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	54	12.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	72	16.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	107	23.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	73	16.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	91	20.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	72	16.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	133	29.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	113	25.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	50	11.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	30	6.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	56	12.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	153	34.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	138	30.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	60	13.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	49	10.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	10.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	143	31.8	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	21	4.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	283	62.9	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
LEIGH LANE CARE CENTER INC

Street Address:		City and State:	
238 S WASHINGTON ST		GREENFIELD OH 45123	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	22	PROPRIETARY	08/14/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
20	0	18

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	16	80.0	78.6	78.3
Dressing				
Residents requiring some or total assistance in dressing.	15	75.0	81.6	76.7
Toileting				
Residents requiring some or total assistance in toileting.	11	55.0	65.9	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	8	40.0	71.1	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	9	45.0	62.7	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	8.0	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	4	20.0	33.9	29.3
Completely bedfast residents.	0	0.0	1.6	3.6
Residents confined to chairs.	5	25.0	37.3	39.1
Residents requiring restraints.	2	10.0	36.1	31.7
Confused or disoriented residents.	18	90.0	60.6	55.8
Residents with bed sores.	1	5.0	5.3	4.7
Residents receiving special skin care.	3	15.0	23.5	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	32	6.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	11	2.2	198	3.6
Each resident is free from mental and physical abuse.	MET	7	1.4	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	64	12.9	564	10.3
Each resident is given privacy during treatment and care of personal needs.	NOT MET	91	18.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	NOT MET	11	2.2	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.4	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	58	11.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	96	19.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	71	14.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	55	11.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	57	11.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	67	13.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	90	18.1	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	64	12.9	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	128	25.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	181	36.4	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	51	10.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	53	10.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	79	15.9	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	175	35.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	168	33.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	124	24.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	18	3.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	313	63.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
BRETHRENS HOME

Street Address:		City and State:	
750 CHESTNUT ST		GREENVILLE OH 45331	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF/ICF	304	NON-PROFIT RELIGIOUS	03/17/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
259	3	102

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	222	85.7	83.6	81.5
Dressing				
Residents requiring some or total assistance in dressing.	201	77.6	87.3	83.2
Toileting				
Residents requiring some or total assistance in toileting.	154	59.5	74.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	259	100	77.5	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	200	77.2	67.5	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	5.6	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	64	24.7	43.0	37.7
Completely bedfast residents.	5	1.9	3.4	3.4
Residents confined to chairs.	91	35.1	49.1	50.8
Residents requiring restraints.	91	35.1	43.2	41.3
Confused or disoriented residents.	193	74.5	59.0	58.4
Residents with bed sores.	20	7.7	7.6	7.1
Residents receiving special skin care.	13	5.0	28.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	6.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	13	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	8	1.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	57	12.7	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	86	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	5	1.1	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	60	13.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	103	22.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	96	21.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	54	12.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	72	16.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	107	23.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

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		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	73	16.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	91	20.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	72	16.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	133	29.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	113	25.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	50	11.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	30	6.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	56	12.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	153	34.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	138	30.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	60	13.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	49	10.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	10.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	143	31.8	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	21	4.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	283	62.9	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
BRETHRENS HOME THE

Street Address:	City and State:		
750 CHESTNUT ST	GREENVILLE OH 45331		
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	304	NON-PROFIT RELIGIOUS	04/17/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
267	0	104

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	197	73.8	78.6	78.3
Dressing				
Residents requiring some or total assistance in dressing.	206	77.2	81.6	76.7
Toileting				
Residents requiring some or total assistance in toileting.	158	59.2	65.9	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	160	59.9	71.1	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	172	64.4	62.7	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	8.0	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	63	23.6	33.9	29.3
Completely bedfast residents.	7	2.6	1.6	3.6
Residents confined to chairs.	151	56.6	37.3	39.1
Residents requiring restraints.	77	28.8	36.1	31.7
Confused or disoriented residents.	158	59.2	60.6	55.8
Residents with bed sores.	12	4.5	5.3	4.7
Residents receiving special skin care.	65	24.3	23.5	24.0

SELECTED PERFORMANCE INDICATORS

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		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	32	6.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	11	2.2	198	3.6
Each resident is free from mental and physical abuse.	MET	7	1.4	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	64	12.9	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	91	18.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	11	2.2	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.4	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	58	11.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	96	19.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	71	14.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	55	11.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	57	11.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	67	13.5	700	12.8

SELECTED PERFORMANCE INDICATORS

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		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	90	18.1	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	64	12.9	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	128	25.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	181	36.4	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	51	10.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	53	10.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	79	15.9	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	175	35.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	168	33.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	124	24.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	18	3.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	313	63.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
GADE #1 NURSING HOME

Street Address:		City and State:	
208 SWEITZER ST		GREENVILLE OH 45331	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	19	PROPRIETARY	10/26/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
19	0	17

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	19	100	78.6	78.3
Dressing				
Residents requiring some or total assistance in dressing.	18	94.7	81.6	76.7
Toileting				
Residents requiring some or total assistance in toileting.	10	52.6	65.9	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	19	100	71.1	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	12	63.2	62.7	59.1
Residents on individually written bowel and bladder retraining program.	5	26.3	8.0	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	3	15.8	33.9	29.3
Completely bedfast residents.	0	0.0	1.6	3.6
Residents confined to chairs.	1	5.3	37.3	39.1
Residents requiring restraints.	2	10.5	36.1	31.7
Confused or disoriented residents.	6	31.6	60.6	55.8
Residents with bed sores.	0	0.0	5.3	4.7
Residents receiving special skin care.	0	0.0	23.5	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

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		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	32	6.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	11	2.2	198	3.6
Each resident is free from mental and physical abuse.	MET	7	1.4	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	64	12.9	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	91	18.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	11	2.2	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.4	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	58	11.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	96	19.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	71	14.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	55	11.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	57	11.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	67	13.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	90	18.1	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	64	12.9	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	128	25.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	181	36.4	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	51	10.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	53	10.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	79	15.9	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	175	35.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	168	33.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	124	24.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	18	3.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	313	63.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
GADE NURSING HOME II

Street Address:		City and State:	
405 CHESTNUT STREET		GREENVILLE OH 45331	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF/ICF	51	PROPRIETARY	10/29/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
50	1	30

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	42	84.0	83.6	81.5
Dressing				
Residents requiring some or total assistance in dressing.	42	84.0	87.3	83.2
Toileting				
Residents requiring some or total assistance in toileting.	42	84.0	74.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	48	96.0	77.5	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	36	72.0	67.5	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	5.6	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	23	46.0	43.0	37.7
Completely bedfast residents.	2	4.0	3.4	3.4
Residents confined to chairs.	21	42.0	49.1	50.8
Residents requiring restraints.	11	22.0	43.2	41.3
Confused or disoriented residents.	40	80.0	59.0	58.4
Residents with bed sores.	3	6.0	7.6	7.1
Residents receiving special skin care.	2	4.0	28.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	6.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	13	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	8	1.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	57	12.7	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	86	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	5	1.1	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	60	13.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	103	22.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	96	21.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	54	12.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	72	16.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	107	23.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	73	16.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	91	20.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	72	16.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	133	29.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	113	25.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	50	11.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	30	6.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	56	12.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	153	34.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	138	30.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	60	13.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	49	10.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	10.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	143	31.8	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	21	4.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	283	62.9	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
HEARTLAND OF GREENVILLE

Street Address:		City and State:	
130 MARION DRIVE		GREENVILLE OH 45331	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF/ICF	70	PROPRIETARY	02/22/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
70	0	43

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	43	61.4	83.6	81.5
Dressing				
Residents requiring some or total assistance in dressing.	58	82.9	87.3	83.2
Toileting				
Residents requiring some or total assistance in toileting.	48	68.6	74.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	68	97.1	77.5	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	42	60.0	67.5	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	5.6	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	60	85.7	43.0	37.7
Completely bedfast residents.	5	7.1	3.4	3.4
Residents confined to chairs.	32	45.7	49.1	50.8
Residents requiring restraints.	35	50.0	43.2	41.3
Confused or disoriented residents.	38	54.3	59.0	58.4
Residents with bed sores.	5	7.1	7.6	7.1
Residents receiving special skin care.	10	14.3	28.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	6.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	13	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	8	1.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	57	12.7	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	86	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	5	1.1	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	60	13.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	103	22.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	96	21.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	54	12.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	72	16.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	107	23.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	73	16.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	91	20.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	72	16.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	133	29.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	113	25.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	50	11.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	30	6.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	56	12.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	153	34.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	138	30.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	60	13.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	49	10.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	10.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	143	31.8	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	21	4.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	283	62.9	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
REST HAVEN NURSING HOME

Street Address:		City and State:	
1096 NORTH OHIO ST		GREENVILLE OH 45331	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF/ICF	68	PROPRIETARY	01/28/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
67	1	31

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	54	80.6	83.6	81.5
Dressing				
Residents requiring some or total assistance in dressing.	64	95.5	87.3	83.2
Toileting				
Residents requiring some or total assistance in toileting.	55	82.1	74.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	53	79.1	77.5	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	44	65.7	67.5	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	5.6	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	22	32.8	43.0	37.7
Completely bedfast residents.	0	0.0	3.4	3.4
Residents confined to chairs.	19	28.4	49.1	50.8
Residents requiring restraints.	20	29.9	43.2	41.3
Confused or disoriented residents.	50	74.6	59.0	58.4
Residents with bed sores.	3	4.5	7.6	7.1
Residents receiving special skin care.	1	1.5	28.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	6.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	13	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	8	1.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	57	12.7	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	86	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	5	1.1	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	60	13.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	103	22.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	96	21.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	54	12.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	72	16.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	107	23.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	73	16.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	91	20.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	72	16.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	133	29.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	113	25.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	50	11.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	30	6.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	56	12.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	153	34.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	138	30.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	60	13.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	49	10.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	10.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	143	31.8	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	21	4.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	283	62.9	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
MONTEREY NURSING INN

Street Address:		City and State:	
3929 HOOVER RD		GROVE CITY OH 43123	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF/ICF	200	PROPRIETARY	03/31/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
188	1	153

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY #	FACILITY %	STATE %	NATION %
Bathing				
Residents requiring some or total assistance in bathing.	133	70.7	83.6	81.5
Dressing				
Residents requiring some or total assistance in dressing.	152	80.9	87.3	83.2
Toileting				
Residents requiring some or total assistance in toileting.	135	71.8	74.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	131	69.7	77.5	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	124	66.0	67.5	68.2
Residents on individually written bowel and bladder retraining program.	22	11.7	5.6	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	65	34.6	43.0	37.7
Completely bedfast residents.	0	0.0	3.4	3.4
Residents confined to chairs.	83	44.1	49.1	50.8
Residents requiring restraints.	39	20.7	43.2	41.3
Confused or disoriented residents.	104	55.3	59.0	58.4
Residents with bed sores.	4	2.1	7.6	7.1
Residents receiving special skin care.	76	40.4	28.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	6.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	13	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	8	1.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	57	12.7	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	86	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	5	1.1	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	60	13.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	103	22.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	96	21.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	54	12.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	72	16.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	107	23.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	73	16.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	91	20.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	72	16.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	133	29.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	113	25.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	50	11.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	30	6.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	56	12.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	153	34.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	138	30.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	60	13.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	49	10.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	10.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	143	31.8	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	21	4.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	283	62.9	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
HUSTON NURSING HOME

Street Address:		City and State:	
RT 1		HAMDEN OH 45634	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF/ICF	80	PROPRIETARY	03/04/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
79	0	66

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	79	100	83.6	81.5
Dressing				
Residents requiring some or total assistance in dressing.	74	93.7	87.3	83.2
Toileting				
Residents requiring some or total assistance in toileting.	62	78.5	74.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	74	93.7	77.5	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	59	74.7	67.5	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	5.6	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	33	41.8	43.0	37.7
Completely bedfast residents.	3	3.8	3.4	3.4
Residents confined to chairs.	32	40.5	49.1	50.8
Residents requiring restraints.	31	39.2	43.2	41.3
Confused or disoriented residents.	60	75.9	59.0	58.4
Residents with bed sores.	1	1.3	7.6	7.1
Residents receiving special skin care.	11	13.9	28.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	6.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	13	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	8	1.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	57	12.7	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	86	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	5	1.1	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	60	13.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	103	22.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	96	21.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	54	12.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	72	16.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	107	23.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	73	16.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	91	20.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	72	16.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	133	29.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	113	25.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	50	11.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	30	6.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	56	12.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	153	34.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	138	30.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	60	13.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	49	10.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	10.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	143	31.8	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	21	4.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	283	62.9	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
BUTLER COUNTY CARE FACILITY

Street Address:		City and State:	
1800 PRINCETON ROAD		HAMILTON OH 45011	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	121	LOCAL GOVERNMENT	10/22/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
114	0	103

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	40	35.1	78.6	78.3
Dressing				
Residents requiring some or total assistance in dressing.	58	50.9	81.6	76.7
Toileting				
Residents requiring some or total assistance in toileting.	47	41.2	65.9	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	62	54.4	71.1	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	47	41.2	62.7	59.1
Residents on individually written bowel and bladder retraining program.	30	26.3	8.0	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	26	22.8	33.9	29.3
Completely bedfast residents.	0	0.0	1.6	3.6
Residents confined to chairs.	24	21.1	37.3	39.1
Residents requiring restraints.	38	33.3	36.1	31.7
Confused or disoriented residents.	65	57.0	60.6	55.8
Residents with bed sores.	4	3.5	5.3	4.7
Residents receiving special skin care.	5	4.4	23.5	24.0

SELECTED PERFORMANCE INDICATORS

ility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of iencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility deficient in the indicated area at the time of the survey.

inder: These 32 selected performance indicators do not represent all the requirements a ity must meet. There are over 500 separate requirements. The information presented w does not reflect the severity or the duration of the problems leading to a deficiency. A ciency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
facility ensures that its written procedures regarding the rights and ponsibilities of residents are followed.	MET	32	6.4	65	1.2
facility uses a system that assures full and complete accounting of residents' sonal funds. An accounting report is made to each resident in a skilled nursing lity every three months.	MET	11	2.2	198	3.6
h resident is free from mental and physical abuse.	MET	7	1.4	79	1.4
gs to control behavior and physical restraints are only used when authorized by a sician in writing for a specified period of time or in emergencies.	NOT MET	64	12.9	564	10.3
h resident is given privacy during treatment and care of personal needs.	MET	91	18.3	798	14.6
h resident is allowed to communicate, associate and meet privately with viduals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	25	0.5
h resident is allowed to retain and use his/her personal possessions and clothing space permits.	MET	11	2.2	89	1.6
ept in a medical emergency, a resident is not transferred or discharged, nor is tment changed radically, without consultation with the resident or, if the resident ncompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
facility ensures that the health care of each resident is under the continuing ervision of a physician.	MET	2	0.4	25	0.5
ergency services from a physician are available and provided to each resident requires emergency care.	MET	0	0.0	0	0.0
sing services are provided at all times to meet the needs of residents.	MET	58	11.7	335	6.1
h resident receives daily personal hygiene as needed to assure cleanliness, good care, good grooming, and oral hygiene taking into account individual erences. Residents are encouraged to take care of their own self care needs.	MET	96	19.3	1187	21.7
h resident receives care necessary to prevent skin breakdown.	MET	71	14.3	679	12.4
h resident with a bed sore receives care necessary to promote the healing of the sore including proper dressing.	MET	55	11.1	382	7.0
h resident who has problems with bowel and bladder control is provided with e necessary to encourage self control, including frequent toileting and ortunities for rehabilitative training.	MET	57	11.5	807	14.8
h resident with a urinary catheter receives proper routine care, including periodic luation.	MET	67	13.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	90	18.1	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	64	12.9	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	128	25.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	181	36.4	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	51	10.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	53	10.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	79	15.9	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	175	35.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	168	33.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	124	24.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	18	3.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	313	63.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
CENTER HAVEN NURSING HOME

Street Address:		City and State:	
422 N 2ND ST		HAMILTON OH 45011	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	29	PROPRIETARY	11/24/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
19	0	19

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	14	73.7	78.6	78.3
Dressing				
Residents requiring some or total assistance in dressing.	13	68.4	81.6	76.7
Toileting				
Residents requiring some or total assistance in toileting.	9	47.4	65.9	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	16	84.2	71.1	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	12	63.2	62.7	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	8.0	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	6	31.6	33.9	29.3
Completely bedfast residents.	1	5.3	1.6	3.6
Residents confined to chairs.	14	73.7	37.3	39.1
Residents requiring restraints.	4	21.1	36.1	31.7
Confused or disoriented residents.	9	47.4	60.6	55.8
Residents with bed sores.	2	10.5	5.3	4.7
Residents receiving special skin care.	0	0.0	23.5	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	32	6.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	11	2.2	198	3.6
Each resident is free from mental and physical abuse.	MET	7	1.4	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	64	12.9	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	91	18.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	11	2.2	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.4	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	NOT MET	58	11.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	96	19.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	71	14.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	55	11.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	57	11.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	67	13.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	90	18.1	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	64	12.9	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	128	25.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	181	36.4	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	51	10.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	53	10.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	79	15.9	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	175	35.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	168	33.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	124	24.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	18	3.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	313	63.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
GLENWARD HEALTH CARE CTR

Street Address:		City and State:	
3472 HAMILTON MASON RD		HAMILTON OH 45011	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF/ICF	117	PROPRIETARY	02/08/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
109	0	101

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	76	69.7	83.6	81.5
Dressing				
Residents requiring some or total assistance in dressing.	86	78.9	87.3	83.2
Toileting				
Residents requiring some or total assistance in toileting.	81	74.3	74.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	105	96.3	77.5	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	79	72.5	67.5	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	5.6	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	26	23.9	43.0	37.7
Completely bedfast residents.	0	0.0	3.4	3.4
Residents confined to chairs.	57	52.3	49.1	50.8
Residents requiring restraints.	59	54.1	43.2	41.3
Confused or disoriented residents.	59	54.1	59.0	58.4
Residents with bed sores.	14	12.8	7.6	7.1
Residents receiving special skin care.	19	17.4	28.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	6.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	13	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	8	1.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	57	12.7	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	86	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	5	1.1	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	60	13.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	103	22.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	96	21.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	54	12.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	72	16.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	107	23.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	73	16.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	91	20.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	72	16.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	133	29.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	113	25.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	50	11.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	30	6.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	56	12.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	153	34.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	138	30.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	60	13.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	49	10.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	10.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	143	31.8	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	21	4.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	283	62.9	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
GOLDEN YEARS NH

Street Address:	City and State:		
2436 OLD OXFORD RD	HAMILTON OH 45013		
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	50	PROPRIETARY	07/29/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
49	0	16

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	28	57.1	78.6	78.3
Dressing				
Residents requiring some or total assistance in dressing.	41	83.7	81.6	76.7
Toileting				
Residents requiring some or total assistance in toileting.	28	57.1	65.9	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	27	55.1	71.1	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	26	53.1	62.7	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	8.0	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	10	20.4	33.9	29.3
Completely bedfast residents.	2	4.1	1.6	3.6
Residents confined to chairs.	21	42.9	37.3	39.1
Residents requiring restraints.	8	16.3	36.1	31.7
Confused or disoriented residents.	28	57.1	60.6	55.8
Residents with bed sores.	0	0.0	5.3	4.7
Residents receiving special skin care.	17	34.7	23.5	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	32	6.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	11	2.2	198	3.6
Each resident is free from mental and physical abuse.	MET	7	1.4	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	64	12.9	564	10.3
Each resident is given privacy during treatment and care of personal needs.	NOT MET	91	18.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	11	2.2	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.4	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	58	11.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	96	19.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	71	14.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	55	11.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	57	11.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	67	13.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	90	18.1	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	64	12.9	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	128	25.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	181	36.4	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	51	10.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	53	10.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	79	15.9	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	175	35.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	168	33.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	124	24.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	18	3.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	313	63.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
GREENWOOD MANOR

Street Address:		City and State:	
925 GREENWOOD AVE		HAMILTON OH 45011	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	27	PROPRIETARY	01/07/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
26	0	26

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	23	88.5	78.6	78.3
Dressing				
Residents requiring some or total assistance in dressing.	24	92.3	81.6	76.7
Toileting				
Residents requiring some or total assistance in toileting.	14	53.8	65.9	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	12	46.2	71.1	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	1	3.8	62.7	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	8.0	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	13	50.0	33.9	29.3
Completely bedfast residents.	1	3.8	1.6	3.6
Residents confined to chairs.	5	19.2	37.3	39.1
Residents requiring restraints.	8	30.8	36.1	31.7
Confused or disoriented residents.	26	100	60.6	55.8
Residents with bed sores.	0	0.0	5.3	4.7
Residents receiving special skin care.	0	0.0	23.5	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	32	6.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	11	2.2	198	3.6
Each resident is free from mental and physical abuse.	MET	7	1.4	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	64	12.9	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	91	18.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	11	2.2	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.4	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	58	11.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	96	19.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	71	14.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	55	11.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	57	11.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	67	13.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	90	18.1	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	64	12.9	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	128	25.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	181	36.4	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	51	10.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	53	10.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	79	15.9	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	175	35.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	168	33.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	124	24.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	18	3.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	313	63.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
HELTONS NURSING HOME

Street Address:		City and State:	
819 BUCKEYE ST		HAMILTON OH 45011	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	24	PROPRIETARY	01/06/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
11	0	11

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	10	90.9	78.6	78.3
Dressing				
Residents requiring some or total assistance in dressing.	10	90.9	81.6	76.7
Toileting				
Residents requiring some or total assistance in toileting.	11	100	65.9	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	11	100	71.1	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	8	72.7	62.7	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	8.0	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	1	9.1	33.9	29.3
Completely bedfast residents.	0	0.0	1.6	3.6
Residents confined to chairs.	8	72.7	37.3	39.1
Residents requiring restraints.	5	45.5	36.1	31.7
Confused or disoriented residents.	6	54.5	60.6	55.8
Residents with bed sores.	0	0.0	5.3	4.7
Residents receiving special skin care.	0	0.0	23.5	24.0

SELECTED PERFORMANCE INDICATORS

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		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	32	6.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	11	2.2	198	3.6
Each resident is free from mental and physical abuse.	MET	7	1.4	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	64	12.9	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	91	18.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	11	2.2	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.4	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	58	11.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	96	19.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	71	14.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	55	11.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	57	11.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	67	13.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	90	18.1	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	64	12.9	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	128	25.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	181	36.4	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	51	10.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	53	10.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	79	15.9	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	175	35.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	168	33.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	124	24.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	18	3.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	313	63.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
MARY BLACK SCHRODER MANOR

Street Address:		City and State:	
1302 MILLVILLE AVE		HAMILTON OH 45013	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE SNF/ICF	100	NON-PROFIT RELIGIOUS	01/28/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
23	0	0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	23	100	83.6	81.5
Dressing				
Residents requiring some or total assistance in dressing.	14	60.9	87.3	83.2
Toileting				
Residents requiring some or total assistance in toileting.	22	95.7	74.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	23	100	77.5	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	21	91.3	67.5	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	5.6	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	14	60.9	43.0	37.7
Completely bedfast residents.	0	0.0	3.4	3.4
Residents confined to chairs.	14	60.9	49.1	50.8
Residents requiring restraints.	9	39.1	43.2	41.3
Confused or disoriented residents.	19	82.6	59.0	58.4
Residents with bed sores.	2	8.7	7.6	7.1
Residents receiving special skin care.	2	8.7	28.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	6.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	13	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	8	1.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	57	12.7	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	86	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	5	1.1	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	60	13.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	103	22.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	96	21.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	54	12.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	72	16.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	107	23.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	73	16.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	91	20.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	72	16.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	133	29.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	113	25.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	50	11.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	30	6.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	56	12.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	153	34.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	138	30.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	60	13.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	49	10.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	10.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	143	31.8	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	21	4.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	283	62.9	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
PARKWAY NURSING HOME INC

Street Address:		City and State:	
4070 HAMILTON-MASON RD		HAMILTON OH 45011	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	77	PROPRIETARY	11/24/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
63	0	57

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	52	82.5	78.6	78.3
Dressing				
Residents requiring some or total assistance in dressing.	48	76.2	81.6	76.7
Toileting				
Residents requiring some or total assistance in toileting.	46	73.0	65.9	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	56	88.9	71.1	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	46	73.0	62.7	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	8.0	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	50	79.4	33.9	29.3
Completely bedfast residents.	0	0.0	1.6	3.6
Residents confined to chairs.	21	33.3	37.3	39.1
Residents requiring restraints.	17	27.0	36.1	31.7
Confused or disoriented residents.	32	50.8	60.6	55.8
Residents with bed sores.	1	1.6	5.3	4.7
Residents receiving special skin care.	1	1.6	23.5	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	32	6.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	11	2.2	198	3.6
Each resident is free from mental and physical abuse.	MET	7	1.4	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	64	12.9	564	10.3
Each resident is given privacy during treatment and care of personal needs.	NOT MET	91	18.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	11	2.2	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.4	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	58	11.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	96	19.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	71	14.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	55	11.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	57	11.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	67	13.5	700	12.8

SELECTED PERFORMANCE INDICATORS

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		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	90	18.1	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	64	12.9	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	128	25.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	181	36.4	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	51	10.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	53	10.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	79	15.9	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	175	35.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	168	33.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	124	24.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	18	3.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	313	63.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
POWELLS CONVALESCENT HOME

Street Address:		City and State:	
2923 HAMILTON-MASON RD		HAMILTON OH 45011	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF/ICF	99	PROPRIETARY	06/18/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
22	0	16

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY #	FACILITY %	STATE %	NATION %
Bathing				
Residents requiring some or total assistance in bathing.	15	68.2	83.6	81.5
Dressing				
Residents requiring some or total assistance in dressing.	22	100	87.3	83.2
Toileting				
Residents requiring some or total assistance in toileting.	19	86.4	74.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	18	81.8	77.5	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	19	86.4	67.5	68.2
Residents on individually written bowel and bladder retraining program.	1	4.5	5.6	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	12	54.5	43.0	37.7
Completely bedfast residents.	3	13.6	3.4	3.4
Residents confined to chairs.	13	59.1	49.1	50.8
Residents requiring restraints.	7	31.8	43.2	41.3
Confused or disoriented residents.	8	36.4	59.0	58.4
Residents with bed sores.	3	13.6	7.6	7.1
Residents receiving special skin care.	8	36.4	28.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	6.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	13	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	8	1.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	57	12.7	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	86	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	5	1.1	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	60	13.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	103	22.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	96	21.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	54	12.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	72	16.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	107	23.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	73	16.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	91	20.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	72	16.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	133	29.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	113	25.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	50	11.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	30	6.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	56	12.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	153	34.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	138	30.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	60	13.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	49	10.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	10.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	143	31.8	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	21	4.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	283	62.9	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
WESTHAVEN NURSING HOME

Street Address:		City and State:	
215 NORTH C STREET		HAMILTON OH 45013	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	23	PROPRIETARY	12/08/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
23	0	23

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	18	78.3	78.6	78.3
Dressing				
Residents requiring some or total assistance in dressing.	23	100	81.6	76.7
Toileting				
Residents requiring some or total assistance in toileting.	11	47.8	65.9	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	23	100	71.1	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	13	56.5	62.7	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	8.0	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	19	82.6	33.9	29.3
Completely bedfast residents.	2	8.7	1.6	3.6
Residents confined to chairs.	8	34.8	37.3	39.1
Residents requiring restraints.	6	26.1	36.1	31.7
Confused or disoriented residents.	21	91.3	60.6	55.8
Residents with bed sores.	1	4.3	5.3	4.7
Residents receiving special skin care.	8	34.8	23.5	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	32	6.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	11	2.2	198	3.6
Each resident is free from mental and physical abuse.	MET	7	1.4	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	64	12.9	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	91	18.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	11	2.2	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.4	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	58	11.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	96	19.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	71	14.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	55	11.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	57	11.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	67	13.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	90	18.1	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	64	12.9	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	128	25.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	181	36.4	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	51	10.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	53	10.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	79	15.9	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	175	35.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	168	33.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	124	24.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	18	3.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	313	63.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
HARTVILLE HEALTH CARE CENTER, INC.

Street Address:		City and State:	
1420 SMITH KRAMER ROAD		HARTVILLE OH 44632	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	66	NON-PROFIT PRIVATE	01/22/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
64	0	33

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	64	100	78.6	78.3
Dressing				
Residents requiring some or total assistance in dressing.	57	89.1	81.6	76.7
Toileting				
Residents requiring some or total assistance in toileting.	53	82.8	65.9	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	64	100	71.1	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	50	78.1	62.7	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	8.0	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	26	40.6	33.9	29.3
Completely bedfast residents.	0	0.0	1.6	3.6
Residents confined to chairs.	35	54.7	37.3	39.1
Residents requiring restraints.	31	48.4	36.1	31.7
Confused or disoriented residents.	38	59.4	60.6	55.8
Residents with bed sores.	4	6.3	5.3	4.7
Residents receiving special skin care.	4	6.3	23.5	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	32	6.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	11	2.2	198	3.6
Each resident is free from mental and physical abuse.	MET	7	1.4	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	64	12.9	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	91	18.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	11	2.2	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.4	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	58	11.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	96	19.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	71	14.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	55	11.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	57	11.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	67	13.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	35	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	90	18.1	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	64	12.9	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	128	25.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	181	36.4	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	51	10.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	53	10.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	79	15.9	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	175	35.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	168	33.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	124	24.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	18	3.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	313	63.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
WINTERSONG VILLAGE OF HAYESVILLE

Street Address:		City and State:	
82 SOUTH MECHANIC STREET		HAYESVILLE OH 44838	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	22	PROPRIETARY	02/18/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
21	0	18

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	17	81.0	78.6	78.3
Dressing				
Residents requiring some or total assistance in dressing.	16	76.2	81.6	76.7
Toileting				
Residents requiring some or total assistance in toileting.	10	47.6	65.9	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	17	81.0	71.1	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	12	57.1	62.7	59.1
Residents on individually written bowel and bladder retraining program.	9	42.9	8.0	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	5	23.8	33.9	29.3
Completely bedfast residents.	0	0.0	1.6	3.6
Residents confined to chairs.	3	14.3	37.3	39.1
Residents requiring restraints.	3	14.3	36.1	31.7
Confused or disoriented residents.	9	42.9	60.6	55.8
Residents with bed sores.	0	0.0	5.3	4.7
Residents receiving special skin care.	0	0.0	23.5	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	32	6.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	11	2.2	198	3.6
Each resident is free from mental and physical abuse.	MET	7	1.4	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	64	12.9	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	91	18.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	11	2.2	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.4	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	58	11.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	96	19.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	71	14.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	55	11.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	57	11.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	67	13.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	90	18.1	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	64	12.9	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	128	25.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	181	36.4	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	51	10.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	53	10.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	79	15.9	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	175	35.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	168	33.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	124	24.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	18	3.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	313	63.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
HEATH NURSING CONVALESCENT CTR

Street Address:		City and State:	
717 SOUTH 30TH STREET		HEATH OH 43055	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF/ICF	216	PROPRIETARY	12/18/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
210	1	183

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	197	93.8	83.6	81.5
Dressing				
Residents requiring some or total assistance in dressing.	183	87.1	87.3	83.2
Toileting				
Residents requiring some or total assistance in toileting.	171	81.4	74.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	163	77.6	77.5	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	168	80.0	67.5	68.2
Residents on individually written bowel and bladder retraining program.	26	12.4	5.6	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	64	30.5	43.0	37.7
Completely bedfast residents.	8	3.8	3.4	3.4
Residents confined to chairs.	129	61.4	49.1	50.8
Residents requiring restraints.	89	42.4	43.2	41.3
Confused or disoriented residents.	155	73.8	59.0	58.4
Residents with bed sores.	8	3.8	7.6	7.1
Residents receiving special skin care.	48	22.9	28.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	6.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	13	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	8	1.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	57	12.7	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	86	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	5	1.1	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	60	13.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	103	22.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	96	21.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	54	12.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	72	16.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	107	23.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	73	16.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	91	20.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	72	16.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	133	29.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	113	25.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	50	11.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	30	6.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	56	12.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	153	34.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	138	30.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	60	13.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	49	10.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	10.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	143	31.8	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	21	4.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	283	62.9	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
FOUNTAIN MANOR

Street Address:		City and State:	
401 FOUNTAIN		HICKSVILLE OH 43526	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF/ICF	64	PROPRIETARY	01/11/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
56	0	38

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	54	96.4	83.6	81.5
Dressing				
Residents requiring some or total assistance in dressing.	51	91.1	87.3	83.2
Toileting				
Residents requiring some or total assistance in toileting.	44	78.6	74.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	45	80.4	77.5	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	44	78.6	67.5	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	5.6	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	17	30.4	43.0	37.7
Completely bedfast residents.	6	10.7	3.4	3.4
Residents confined to chairs.	38	67.9	49.1	50.8
Residents requiring restraints.	29	51.8	43.2	41.3
Confused or disoriented residents.	20	35.7	59.0	58.4
Residents with bed sores.	1	1.8	7.6	7.1
Residents receiving special skin care.	14	25.0	28.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	6.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	13	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	8	1.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	57	12.7	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	86	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	5	1.1	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	60	13.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	103	22.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	96	21.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	54	12.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	72	16.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	107	23.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	73	16.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	91	20.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	72	16.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	133	29.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	113	25.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	50	11.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	30	6.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	56	12.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	153	34.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	138	30.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	60	13.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	49	10.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	10.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	143	31.8	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	21	4.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	283	62.9	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
THE ARBORS AT HILLIARD

Street Address:		City and State:	
5471 SCIOTO DARBY RD		HILLIARD OH 43026	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	122	PROPRIETARY	10/08/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
117	0	52

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	102	87.2	78.6	78.3
Dressing				
Residents requiring some or total assistance in dressing.	94	80.3	81.6	76.7
Toileting				
Residents requiring some or total assistance in toileting.	82	70.1	65.9	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	73	62.4	71.1	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	68	58.1	62.7	59.1
Residents on individually written bowel and bladder retraining program.	4	3.4	8.0	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	39	33.3	33.9	29.3
Completely bedfast residents.	4	3.4	1.6	3.6
Residents confined to chairs.	59	50.4	37.3	39.1
Residents requiring restraints.	34	29.1	36.1	31.7
Confused or disoriented residents.	75	64.1	60.6	55.8
Residents with bed sores.	0	0.0	5.3	4.7
Residents receiving special skin care.	5	4.3	23.5	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	NOT MET	32	6.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	11	2.2	198	3.6
Each resident is free from mental and physical abuse.	NOT MET	7	1.4	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	64	12.9	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	91	18.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	11	2.2	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.4	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	NOT MET	58	11.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	96	19.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	NOT MET	71	14.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	55	11.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	57	11.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	67	13.5	700	12.8

SELECTED PERFORMANCE INDICATORS

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		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	35	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	90	18.1	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	64	12.9	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	128	25.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	181	36.4	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	51	10.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	53	10.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	79	15.9	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	175	35.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	168	33.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	124	24.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	18	3.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	313	63.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
HEARTLAND OF HILLSBORO

Street Address:		City and State:	
1141 NORTHVIEW DRIVE		HILLSBORO OH 45133	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF/ICF	100	PROPRIETARY	12/23/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
96	0	76

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	88	91.7	83.6	81.5
Dressing				
Residents requiring some or total assistance in dressing.	78	81.3	87.3	83.2
Toileting				
Residents requiring some or total assistance in toileting.	64	66.7	74.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	76	79.2	77.5	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	70	72.9	67.5	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	5.6	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	80	83.3	43.0	37.7
Completely bedfast residents.	0	0.0	3.4	3.4
Residents confined to chairs.	22	22.9	49.1	50.8
Residents requiring restraints.	42	43.8	43.2	41.3
Confused or disoriented residents.	62	64.6	59.0	58.4
Residents with bed sores.	5	5.2	7.6	7.1
Residents receiving special skin care.	24	25.0	28.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

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		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	6.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	13	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	8	1.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	57	12.7	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	86	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	5	1.1	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	60	13.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	103	22.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	96	21.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	54	12.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	72	16.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	107	23.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

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		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	73	16.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	91	20.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	72	16.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	133	29.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	113	25.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	50	11.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	30	6.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	56	12.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	153	34.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	138	30.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	60	13.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	49	10.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	10.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	143	31.8	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	21	4.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	283	62.9	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
OAKLAND NURSING CENTER

Street Address:		City and State:	
175 CHILLICOTHE AVE		HILLSBORO OH 45133	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	101	PROPRIETARY	04/11/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
99	0	45

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	99	100	78.6	78.3
Dressing				
Residents requiring some or total assistance in dressing.	91	91.9	81.6	76.7
Toileting				
Residents requiring some or total assistance in toileting.	74	74.7	65.9	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	74	74.7	71.1	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	66	66.7	62.7	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	8.0	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	83	83.8	33.9	29.3
Completely bedfast residents.	0	0.0	1.6	3.6
Residents confined to chairs.	26	26.3	37.3	39.1
Residents requiring restraints.	78	78.8	36.1	31.7
Confused or disoriented residents.	58	58.6	60.6	55.8
Residents with bed sores.	2	2.0	5.3	4.7
Residents receiving special skin care.	32	32.3	23.5	24.0

SELECTED PERFORMANCE INDICATORS

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		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	32	6.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	11	2.2	198	3.6
Each resident is free from mental and physical abuse.	MET	7	1.4	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	64	12.9	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	91	18.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	11	2.2	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.4	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	58	11.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	96	19.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	71	14.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	55	11.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	57	11.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	67	13.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	90	18.1	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	64	12.9	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	128	25.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	181	36.4	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	51	10.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	53	10.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	79	15.9	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	175	35.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	168	33.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	124	24.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	18	3.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	313	63.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
HOLGATE QUALITY CARE

Street Address:		City and State:	
400 JOE BROWN AVE		HOLGATE OH 43527	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	51	PROPRIETARY	09/24/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
46	0	22

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY #	FACILITY %	STATE %	NATION %
Bathing				
Residents requiring some or total assistance in bathing.	46	100	78.6	78.3
Dressing				
Residents requiring some or total assistance in dressing.	41	89.1	81.6	76.7
Toileting				
Residents requiring some or total assistance in toileting.	37	80.4	65.9	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	40	87.0	71.1	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	37	80.4	62.7	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	8.0	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	21	45.7	33.9	29.3
Completely bedfast residents.	0	0.0	1.6	3.6
Residents confined to chairs.	22	47.8	37.3	39.1
Residents requiring restraints.	29	63.0	36.1	31.7
Confused or disoriented residents.	26	56.5	60.6	55.8
Residents with bed sores.	8	17.4	5.3	4.7
Residents receiving special skin care.	4	8.7	23.5	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	32	6.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	11	2.2	198	3.6
Each resident is free from mental and physical abuse.	MET	7	1.4	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	64	12.9	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	91	18.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	11	2.2	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.4	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	58	11.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	96	19.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	71	14.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	55	11.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	57	11.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	67	13.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	35	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	90	18.1	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	64	12.9	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	128	25.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	181	36.4	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	51	10.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	53	10.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	79	15.9	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	175	35.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	168	33.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	124	24.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	18	3.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	313	63.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
SPRING MEADOWS EXTENDED CARE FACILITY

Street Address:		City and State:	
1125 CLARION AVENUE		HOLLAND CH 43528	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	100	PROPRIETARY	11/03/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
91	0	37

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	63	69.2	78.6	78.3
Dressing				
Residents requiring some or total assistance in dressing.	69	75.8	81.6	76.7
Toileting				
Residents requiring some or total assistance in toileting.	62	68.1	65.9	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	91	100	71.1	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	65	71.4	62.7	59.1
Residents on individually written bowel and bladder retraining program.	2	2.2	8.0	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	13	14.3	33.9	29.3
Completely bedfast residents.	1	1.1	1.6	3.6
Residents confined to chairs.	31	34.1	37.3	39.1
Residents requiring restraints.	26	28.6	36.1	31.7
Confused or disoriented residents.	39	42.9	60.6	55.8
Residents with bed sores.	3	3.3	5.3	4.7
Residents receiving special skin care.	30	33.0	23.5	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	32	6.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	11	2.2	198	3.6
Each resident is free from mental and physical abuse.	MET	7	1.4	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	64	12.9	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	91	18.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	11	2.2	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.4	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	58	11.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	96	19.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	NOT MET	71	14.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	55	11.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	57	11.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	67	13.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	90	18.1	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	64	12.9	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	128	25.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	181	36.4	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	51	10.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	53	10.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	79	15.9	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	175	35.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	168	33.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	124	24.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	18	3.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	313	63.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
SPRING CREEK NURSING CENTER

Street Address:		City and State:	
5440 CHARLESGATE ROAD		HUBER HEIGHTS OH 45424	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF/ICF	100	PROPRIETARY	05/06/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
90	4	71

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	84	93.3	83.6	81.5
Dressing				
Residents requiring some or total assistance in dressing.	84	93.3	87.3	83.2
Toileting				
Residents requiring some or total assistance in toileting.	72	80.0	74.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	90	100	77.5	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	55	61.1	67.5	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	5.6	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	23	25.6	43.0	37.7
Completely bedfast residents.	0	0.0	3.4	3.4
Residents confined to chairs.	44	48.9	49.1	50.8
Residents requiring restraints.	36	40.0	43.2	41.3
Confused or disoriented residents.	45	50.0	59.0	58.4
Residents with bed sores.	5	5.6	7.6	7.1
Residents receiving special skin care.	24	26.7	28.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	6.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	13	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	8	1.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	57	12.7	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	86	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	5	1.1	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	60	13.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	103	22.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	96	21.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	54	12.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	72	16.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	107	23.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	73	16.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	91	20.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	72	16.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	133	29.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	113	25.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	50	11.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	30	6.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	56	12.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	153	34.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	138	30.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	60	13.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	49	10.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	10.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	143	31.8	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	21	4.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	283	62.9	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
HUDSON ELMS

Street Address:		City and State:	
597 E STREETSBORO RD		HUDSON OH 44236	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	50	NON-PROFIT OTHER	09/18/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
48	0	16

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	48	100	78.6	78.3
Dressing				
Residents requiring some or total assistance in dressing.	48	100	81.6	76.7
Toileting				
Residents requiring some or total assistance in toileting.	44	91.7	65.9	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	42	87.5	71.1	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	46	95.8	62.7	59.1
Residents on individually written bowel and bladder retraining program.	17	35.4	8.0	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	20	41.7	33.9	29.3
Completely bedfast residents.	0	0.0	1.6	3.6
Residents confined to chairs.	41	85.4	37.3	39.1
Residents requiring restraints.	41	85.4	36.1	31.7
Confused or disoriented residents.	40	83.3	60.6	55.8
Residents with bed sores.	3	6.3	5.3	4.7
Residents receiving special skin care.	9	18.8	23.5	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	32	6.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	11	2.2	198	3.6
Each resident is free from mental and physical abuse.	MET	7	1.4	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	64	12.9	564	10.3
Each resident is given privacy during treatment and care of personal needs.	NOT MET	91	18.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	11	2.2	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.4	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	58	11.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	96	19.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	71	14.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	55	11.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	57	11.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	67	13.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	90	18.1	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	64	12.9	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	128	25.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	181	36.4	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	51	10.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	53	10.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	79	15.9	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	175	35.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	168	33.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	124	24.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	18	3.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	313	63.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
BLOSSOM HILL NURSING HOME

Street Address:		City and State:	
12496 PRINCETON ROAD		HUNTSBURG OH 44046	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	86	PROPRIETARY	09/03/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
86	0	43

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	72	83.7	78.6	78.3
Dressing				
Residents requiring some or total assistance in dressing.	70	81.4	81.6	76.7
Toileting				
Residents requiring some or total assistance in toileting.	61	70.9	65.9	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	65	75.6	71.1	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	49	57.0	62.7	59.1
Residents on individually written bowel and bladder retraining program.	57	66.3	8.0	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	31	36.0	33.9	29.3
Completely bedfast residents.	0	0.0	1.6	3.6
Residents confined to chairs.	59	68.6	37.3	39.1
Residents requiring restraints.	44	51.2	36.1	31.7
Confused or disoriented residents.	40	46.5	60.6	55.8
Residents with bed sores.	3	3.5	5.3	4.7
Residents receiving special skin care.	12	14.0	23.5	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	32	6.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	11	2.2	198	3.6
Each resident is free from mental and physical abuse.	MET	7	1.4	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	64	12.9	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	91	18.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	11	2.2	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.4	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	58	11.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	96	19.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	71	14.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	55	11.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	57	11.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	67	13.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	90	18.1	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	64	12.9	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	128	25.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	181	36.4	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	51	10.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	53	10.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	79	15.9	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	175	35.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	168	33.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	124	24.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	18	3.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	313	63.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
ERIE COUNTY CARE FACILITY

Street Address:		City and State:	
3916 PERKINS AVENUE		HURON OH 44839	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	160	LOCAL GOVERNMENT	03/10/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
156	0	148

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	143	91.7	78.6	78.3
Dressing				
Residents requiring some or total assistance in dressing.	116	74.4	81.6	76.7
Toileting				
Residents requiring some or total assistance in toileting.	141	90.4	65.9	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	110	70.5	71.1	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	109	69.9	62.7	59.1
Residents on individually written bowel and bladder retraining program.	4	2.6	8.0	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	53	34.0	33.9	29.3
Completely bedfast residents.	0	0.0	1.6	3.6
Residents confined to chairs.	96	61.5	37.3	39.1
Residents requiring restraints.	55	35.3	36.1	31.7
Confused or disoriented residents.	83	53.2	60.6	55.8
Residents with bed sores.	8	5.1	5.3	4.7
Residents receiving special skin care.	60	38.5	23.5	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	32	6.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	11	2.2	198	3.6
Each resident is free from mental and physical abuse.	MET	7	1.4	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	64	12.9	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	91	18.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	11	2.2	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.4	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	58	11.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	96	19.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	71	14.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	55	11.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	57	11.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	67	13.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	90	18.1	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	64	12.9	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	128	25.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	181	36.4	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	51	10.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	53	10.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	79	15.9	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	175	35.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	168	33.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	124	24.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	18	3.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	313	63.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
HURON HEALTH CARE CENTER

Street Address:		City and State:	
1920 CLEVELAND RD WEST		HURON OH 44839	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	100	PROPRIETARY	12/10/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
92	0	39

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	45	48.9	78.6	78.3
Dressing				
Residents requiring some or total assistance in dressing.	72	78.3	81.6	76.7
Toileting				
Residents requiring some or total assistance in toileting.	72	78.3	65.9	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	72	78.3	71.1	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	68	73.9	62.7	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	8.0	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	28	30.4	33.9	29.3
Completely bedfast residents.	2	2.2	1.6	3.6
Residents confined to chairs.	52	56.5	37.3	39.1
Residents requiring restraints.	29	31.5	36.1	31.7
Confused or disoriented residents.	32	34.8	60.6	55.8
Residents with bed sores.	5	5.4	5.3	4.7
Residents receiving special skin care.	20	21.7	23.5	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	32	6.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	11	2.2	198	3.6
Each resident is free from mental and physical abuse.	MET	7	1.4	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	64	12.9	564	10.3
Each resident is given privacy during treatment and care of personal needs.	NOT MET	91	18.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	NOT MET	11	2.2	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.4	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	58	11.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	96	19.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	71	14.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	55	11.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	57	11.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	67	13.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	90	18.1	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	64	12.9	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	128	25.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	181	36.4	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	51	10.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	53	10.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	79	15.9	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	175	35.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	168	33.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	124	24.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	18	3.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	313	63.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
BRYANT HEALTH CARE CENTER INC

Street Address:		City and State:	
5TH AND CLINTON STS		IRONTON OH 45638	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	93	PROPRIETARY	04/01/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
92	0	81

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	74	80.4	78.6	78.3
Dressing				
Residents requiring some or total assistance in dressing.	80	87.0	81.6	76.7
Toileting				
Residents requiring some or total assistance in toileting.	53	57.6	65.9	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	60	65.2	71.1	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	54	58.7	62.7	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	8.0	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	28	30.4	33.9	29.3
Completely bedfast residents.	0	0.0	1.6	3.6
Residents confined to chairs.	28	30.4	37.3	39.1
Residents requiring restraints.	40	43.5	36.1	31.7
Confused or disoriented residents.	61	66.3	60.6	55.8
Residents with bed sores.	2	2.2	5.3	4.7
Residents receiving special skin care.	17	18.5	23.5	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	32	6.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	11	2.2	198	3.6
Each resident is free from mental and physical abuse.	MET	7	1.4	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	64	12.9	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	91	18.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	11	2.2	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.4	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	58	11.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	96	19.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	71	14.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	55	11.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	57	11.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	67	13.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	90	18.1	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	64	12.9	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	128	25.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	181	36.4	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	51	10.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	53	10.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	79	15.9	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	175	35.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	168	33.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	124	24.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	18	3.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	313	63.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
JO-LIN HEALTH CTR

Street Address:		City and State:	
1050 CLINTON ST		IRONTON OH 45638	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF/ICF	159	PROPRIETARY	06/26/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
155	0	124

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	121	78.1	83.6	81.5
Dressing				
Residents requiring some or total assistance in dressing.	132	85.2	87.3	83.2
Toileting				
Residents requiring some or total assistance in toileting.	114	73.5	74.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	111	71.6	77.5	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	105	67.7	67.5	68.2
Residents on individually written bowel and bladder retraining program.	10	6.5	5.6	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	71	45.8	43.0	37.7
Completely bedfast residents.	5	3.2	3.4	3.4
Residents confined to chairs.	89	57.4	49.1	50.8
Residents requiring restraints.	82	52.9	43.2	41.3
Confused or disoriented residents.	91	58.7	59.0	58.4
Residents with bed sores.	4	2.6	7.6	7.1
Residents receiving special skin care.	44	28.4	28.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	6.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	13	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	8	1.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	57	12.7	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	86	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	5	1.1	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	60	13.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	103	22.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	96	21.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	54	12.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	72	16.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	107	23.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	73	16.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	91	20.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	72	16.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	133	29.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	113	25.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	50	11.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	30	6.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	56	12.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	153	34.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	138	30.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	60	13.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	49	10.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	48	10.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	143	31.8	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	21	4.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	283	62.9	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
FOUR WINDS NURSING FACILITY

Street Address:		City and State:	
215 SETH AVE		JACKSON OH 45640	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF/ICF	100	PROPRIETARY	10/02/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
82	0	71

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	65	79.3	83.6	81.5
Dressing				
Residents requiring some or total assistance in dressing.	63	76.8	87.3	83.2
Toileting				
Residents requiring some or total assistance in toileting.	50	61.0	74.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	53	64.6	77.5	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	30	36.6	67.5	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	5.6	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	18	22.0	43.0	37.7
Completely bedfast residents.	1	1.2	3.4	3.4
Residents confined to chairs.	14	17.1	49.1	50.8
Residents requiring restraints.	26	31.7	43.2	41.3
Confused or disoriented residents.	35	42.7	59.0	58.4
Residents with bed sores.	5	6.1	7.6	7.1
Residents receiving special skin care.	17	20.7	28.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	6.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	13	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	8	1.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	57	12.7	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	86	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	5	1.1	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	60	13.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	103	22.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	96	21.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	54	12.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	72	16.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	107	23.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	73	16.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	91	20.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	72	16.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	133	29.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	113	25.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	50	11.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	30	6.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	56	12.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	153	34.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	138	30.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	60	13.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	49	10.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	10.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	143	31.8	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	21	4.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	283	62.9	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
HEARTLAND OF JACKSON

Street Address:	City and State:		
8668 SR 93	JACKSON OH 45640		
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF/ICF	100	PROPRIETARY	06/26/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
92	1	81

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY #	FACILITY %	STATE %	NATION %
Bathing				
Residents requiring some or total assistance in bathing.	88	95.7	83.6	81.5
Dressing				
Residents requiring some or total assistance in dressing.	91	98.9	87.3	83.2
Toileting				
Residents requiring some or total assistance in toileting.	73	79.3	74.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	69	75.0	77.5	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	60	65.2	67.5	68.2
Residents on individually written bowel and bladder retraining program.	8	8.7	5.6	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	33	35.9	43.0	37.7
Completely bedfast residents.	0	0.0	3.4	3.4
Residents confined to chairs.	52	56.5	49.1	50.8
Residents requiring restraints.	29	31.5	43.2	41.3
Confused or disoriented residents.	63	68.5	59.0	58.4
Residents with bed sores.	3	3.3	7.6	7.1
Residents receiving special skin care.	19	20.7	28.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	6.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	13	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	8	1.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	57	12.7	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	86	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	5	1.1	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	60	13.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	103	22.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	96	21.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	54	12.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	72	16.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	107	23.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	73	16.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	91	20.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	72	16.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	133	29.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	113	25.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	50	11.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	30	6.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	56	12.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	153	34.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	138	30.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	60	13.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	49	10.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	10.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	143	31.8	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	21	4.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	283	62.9	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
HEATHERGREENE II INC

Street Address:	City and State:		
4960 U S ROUTE 35 EAST	JAMESTOWN OH 45335		
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF/ICF	101	PROPRIETARY	10/08/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
99	3	76

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY #	FACILITY %	STATE %	NATION %
Bathing				
Residents requiring some or total assistance in bathing.	75	75.8	83.6	81.5
Dressing				
Residents requiring some or total assistance in dressing.	86	86.9	87.3	83.2
Toileting				
Residents requiring some or total assistance in toileting.	64	64.6	74.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	61	61.6	77.5	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	71	71.7	67.5	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	5.6	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	23	23.2	43.0	37.7
Completely bedfast residents.	0	0.0	3.4	3.4
Residents confined to chairs.	44	44.4	49.1	50.8
Residents requiring restraints.	29	29.3	43.2	41.3
Confused or disoriented residents.	43	43.4	59.0	58.4
Residents with bed sores.	3	3.0	7.6	7.1
Residents receiving special skin care.	18	18.2	28.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	6.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	13	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	8	1.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	57	12.7	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	86	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	5	1.1	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	60	13.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	103	22.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	96	21.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	54	12.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	72	16.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	107	23.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	73	16.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	91	20.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	72	16.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	133	29.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	113	25.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	50	11.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	30	6.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	56	12.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	153	34.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	138	30.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	60	13.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	49	10.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	10.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	143	31.8	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	21	4.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	283	62.9	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
JEFFERSON GERIATRIC CENTER

Street Address:		City and State:	
222 E BEECH STREET		JEFFERSON OH 44047	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF/ICF	100	PROPRIETARY	07/30/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
98	25	73

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	56	57.1	83.6	81.5
Dressing				
Residents requiring some or total assistance in dressing.	86	87.8	87.3	83.2
Toileting				
Residents requiring some or total assistance in toileting.	86	87.8	74.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	86	87.8	77.5	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	64	65.3	67.5	68.2
Residents on individually written bowel and bladder retraining program.	12	12.2	5.6	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	63	64.3	43.0	37.7
Completely bedfast residents.	5	5.1	3.4	3.4
Residents confined to chairs.	42	42.9	49.1	50.8
Residents requiring restraints.	21	21.4	43.2	41.3
Confused or disoriented residents.	72	73.5	59.0	58.4
Residents with bed sores.	19	19.4	7.6	7.1
Residents receiving special skin care.	56	57.1	28.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	6.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	13	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	8	1.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	57	12.7	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	86	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	5	1.1	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	60	13.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	103	22.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	96	21.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	54	12.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	72	16.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	107	23.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	73	16.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	91	20.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	72	16.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	133	29.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	113	25.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	50	11.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	30	6.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	56	12.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	153	34.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	138	30.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	60	13.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	49	10.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	10.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	143	31.8	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	21	4.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	283	62.9	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
NORTHVIEW NURSING HOME

Street Address:		City and State:	
267 NORTH MAIN STREET		JOHNSTOWN OH 43031	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	36	PROPRIETARY	10/04/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
34	0	16

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	30	88.2	78.6	78.3
Dressing				
Residents requiring some or total assistance in dressing.	32	94.1	81.6	76.7
Toileting				
Residents requiring some or total assistance in toileting.	27	79.4	65.9	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	28	82.4	71.1	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	27	79.4	62.7	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	8.0	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	18	52.9	33.9	29.3
Completely bedfast residents.	0	0.0	1.6	3.6
Residents confined to chairs.	11	32.4	37.3	39.1
Residents requiring restraints.	24	70.6	36.1	31.7
Confused or disoriented residents.	32	94.1	60.6	55.8
Residents with bed sores.	1	2.9	5.3	4.7
Residents receiving special skin care.	6	17.6	23.5	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	32	6.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	11	2.2	198	3.6
Each resident is free from mental and physical abuse.	MET	7	1.4	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	64	12.9	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	91	18.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	11	2.2	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.4	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	58	11.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	96	19.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	71	14.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	55	11.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	57	11.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	67	13.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	90	18.1	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	64	12.9	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	128	25.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	181	36.4	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	51	10.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	53	10.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	79	15.9	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	175	35.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	168	33.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	124	24.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	18	3.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	313	63.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
KENT QUALITY CARE NURSING CTR

Street Address:		City and State:	
1290 FAIRCHILD ROAD		KENT OH 44240	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	100	PROPRIETARY	10/16/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
97	0	53

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	80	82.5	78.6	78.3
Dressing				
Residents requiring some or total assistance in dressing.	90	92.8	81.6	76.7
Toileting				
Residents requiring some or total assistance in toileting.	83	85.6	65.9	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	77	79.4	71.1	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	56	57.7	62.7	59.1
Residents on individually written bowel and bladder retraining program.	1	1.0	8.0	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	21	21.6	33.9	29.3
Completely bedfast residents.	1	1.0	1.6	3.6
Residents confined to chairs.	51	52.6	37.3	39.1
Residents requiring restraints.	47	48.5	36.1	31.7
Confused or disoriented residents.	53	54.6	60.6	55.8
Residents with bed sores.	3	3.1	5.3	4.7
Residents receiving special skin care.	8	8.2	23.5	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	NOT MET	32	6.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	11	2.2	198	3.6
Each resident is free from mental and physical abuse.	MET	7	1.4	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	64	12.9	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	91	18.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	11	2.2	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.4	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	58	11.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	96	19.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	71	14.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	55	11.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	57	11.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	67	13.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	90	18.1	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	64	12.9	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	128	25.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	181	36.4	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	51	10.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	53	10.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	79	15.9	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	175	35.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	168	33.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	124	24.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	18	3.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	313	63.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
CORINTHIAN

Street Address:		City and State:	
320 N WAYNE ST		KENTON OH 43326	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	82	PROPRIETARY	10/21/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
71	0	55

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	61	85.9	78.6	78.3
Dressing				
Residents requiring some or total assistance in dressing.	61	85.9	81.6	76.7
Toileting				
Residents requiring some or total assistance in toileting.	51	71.8	65.9	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	50	70.4	71.1	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	50	70.4	62.7	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	8.0	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	13	18.3	33.9	29.3
Completely bedfast residents.	0	0.0	1.6	3.6
Residents confined to chairs.	16	22.5	37.3	39.1
Residents requiring restraints.	25	35.2	36.1	31.7
Confused or disoriented residents.	55	77.5	60.6	55.8
Residents with bed sores.	2	2.8	5.3	4.7
Residents receiving special skin care.	12	16.9	23.5	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	NOT MET	32	6.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	11	2.2	198	3.6
Each resident is free from mental and physical abuse.	MET	7	1.4	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	64	12.9	564	10.3
Each resident is given privacy during treatment and care of personal needs.	NOT MET	91	18.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	11	2.2	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.4	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	NOT MET	58	11.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	96	19.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	NOT MET	71	14.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	55	11.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	57	11.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	67	13.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	90	18.1	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	64	12.9	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	128	25.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	181	36.4	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	51	10.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	53	10.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	79	15.9	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	175	35.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	168	33.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	124	24.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	18	3.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	313	63.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
COUNTRY MANOR OF KENTON, INC.

Street Address:		City and State:	
911 WEST PATTISON AVE		KENTON OH 43326	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	50	PROPRIETARY	08/19/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
37	0	32

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	32	86.5	78.6	78.3
Dressing				
Residents requiring some or total assistance in dressing.	34	91.9	81.6	76.7
Toileting				
Residents requiring some or total assistance in toileting.	28	75.7	65.9	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	27	73.0	71.1	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	21	56.8	62.7	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	8.0	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	11	29.7	33.9	29.3
Completely bedfast residents.	2	5.4	1.6	3.6
Residents confined to chairs.	15	40.5	37.3	39.1
Residents requiring restraints.	9	24.3	36.1	31.7
Confused or disoriented residents.	24	64.9	60.6	55.8
Residents with bed sores.	4	10.8	5.3	4.7
Residents receiving special skin care.	1	2.7	23.5	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	32	6.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	11	2.2	198	3.6
Each resident is free from mental and physical abuse.	MET	7	1.4	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	64	12.9	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	91	18.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	11	2.2	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.4	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	58	11.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	96	19.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	NOT MET	71	14.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	55	11.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	57	11.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	67	13.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	90	18.1	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	64	12.9	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	128	25.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	181	36.4	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	51	10.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	53	10.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	79	15.9	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	175	35.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	168	33.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	124	24.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	18	3.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	313	63.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
GREEN ACRES NURSING HOME

Street Address:		City and State:	
117 CEMETARY ROAD		KENTON OH 43326	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	101	PROPRIETARY	04/14/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
98	0	58

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	62	63.3	78.6	78.3
Dressing				
Residents requiring some or total assistance in dressing.	82	83.7	81.6	76.7
Toileting				
Residents requiring some or total assistance in toileting.	66	67.3	65.9	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	76	77.6	71.1	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	79	80.6	62.7	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	8.0	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	23	23.5	33.9	29.3
Completely bedfast residents.	5	5.1	1.6	3.6
Residents confined to chairs.	57	58.2	37.3	39.1
Residents requiring restraints.	37	37.8	36.1	31.7
Confused or disoriented residents.	53	54.1	60.6	55.8
Residents with bed sores.	4	4.1	5.3	4.7
Residents receiving special skin care.	70	71.4	23.5	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

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		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	NOT MET	32	6.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	11	2.2	198	3.6
Each resident is free from mental and physical abuse.	NOT MET	7	1.4	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	64	12.9	564	10.3
Each resident is given privacy during treatment and care of personal needs.	NOT MET	91	18.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	11	2.2	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.4	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	58	11.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	96	19.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	71	14.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	55	11.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	57	11.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	67	13.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	90	18.1	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	64	12.9	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	128	25.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	181	36.4	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	51	10.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	53	10.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	79	15.9	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	175	35.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	168	33.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	124	24.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	18	3.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	313	63.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
HARDIN COUNTY HOME

Street Address:	City and State:		
12846 STATE ROUTE 309	KENTON OH 43326		
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	101	LOCAL GOVERNMENT	04/14/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
41	0	35

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	39	95.1	78.6	78.3
Dressing				
Residents requiring some or total assistance in dressing.	35	85.4	81.6	76.7
Toileting				
Residents requiring some or total assistance in toileting.	25	61.0	65.9	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	32	78.0	71.1	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	13	31.7	62.7	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	8.0	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	10	24.4	33.9	29.3
Completely bedfast residents.	0	0.0	1.6	3.6
Residents confined to chairs.	7	17.1	37.3	39.1
Residents requiring restraints.	12	29.3	36.1	31.7
Confused or disoriented residents.	14	34.1	60.6	55.8
Residents with bed sores.	0	0.0	5.3	4.7
Residents receiving special skin care.	1	2.4	23.5	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	32	6.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	11	2.2	198	3.6
Each resident is free from mental and physical abuse.	MET	7	1.4	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	64	12.9	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	91	18.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	11	2.2	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.4	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	58	11.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	96	19.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	71	14.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	55	11.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	57	11.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	67	13.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	90	18.1	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	64	12.9	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	128	25.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	181	36.4	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	51	10.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	53	10.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	79	15.9	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	175	35.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	168	33.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	124	24.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	18	3.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	313	63.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
HEARTLAND OF KETTERING

Street Address:		City and State:	
3313 WILMINGTON PIKE		KETTERING OH 45429	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF/ICF	100	PROPRIETARY	11/19/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
99	1	40

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	74	74.7	83.6	81.5
Dressing				
Residents requiring some or total assistance in dressing.	77	77.8	87.3	83.2
Toileting				
Residents requiring some or total assistance in toileting.	70	70.7	74.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	76	76.8	77.5	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	58	58.6	67.5	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	5.6	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	74	74.7	43.0	37.7
Completely bedfast residents.	3	3.0	3.4	3.4
Residents confined to chairs.	63	63.6	49.1	50.8
Residents requiring restraints.	67	67.7	43.2	41.3
Confused or disoriented residents.	70	70.7	59.0	58.4
Residents with bed sores.	5	5.1	7.6	7.1
Residents receiving special skin care.	10	10.1	28.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	NOT MET	27	6.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	13	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	8	1.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	57	12.7	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	86	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	NOT MET	5	1.1	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	60	13.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	103	22.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	96	21.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	54	12.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	72	16.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	107	23.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	73	16.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	91	20.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	72	16.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	133	29.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	113	25.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	50	11.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	30	6.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	56	12.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	153	34.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	138	30.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	60	13.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	49	10.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	10.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	143	31.8	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	21	4.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	283	62.9	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
KETTERING CONVALESCENT CENTER

Street Address:		City and State:	
1150 W DOROTHY LANE		KETTERING OH 45409	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF/ICF	168	NON-PROFIT OTHER	04/28/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
153	4	89

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	135	88.2	83.6	81.5
Dressing				
Residents requiring some or total assistance in dressing.	139	90.8	87.3	83.2
Toileting				
Residents requiring some or total assistance in toileting.	120	78.4	74.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	114	74.5	77.5	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	90	58.8	67.5	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	5.6	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	77	50.3	43.0	37.7
Completely bedfast residents.	22	14.4	3.4	3.4
Residents confined to chairs.	103	67.3	49.1	50.8
Residents requiring restraints.	83	54.2	43.2	41.3
Confused or disoriented residents.	94	61.4	59.0	58.4
Residents with bed sores.	30	19.6	7.6	7.1
Residents receiving special skin care.	50	32.7	28.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	6.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	13	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	8	1.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	57	12.7	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	86	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	NOT MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	5	1.1	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	60	13.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	103	22.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	96	21.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	54	12.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	72	16.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	107	23.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	73	16.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	91	20.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	72	16.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	133	29.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	113	25.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	50	11.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	30	6.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	56	12.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	153	34.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	138	30.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	60	13.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	49	10.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	10.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	143	31.8	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	21	4.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	283	62.9	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
BELL NURSING HOME

Street Address:		City and State:	
MAIN ST P O BOX 51		KIMBOLTON OH 43749	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	50	NON-PROFIT OTHER	09/30/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
50	0	41

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	43	86.0	78.6	78.3
Dressing				
Residents requiring some or total assistance in dressing.	43	86.0	81.6	76.7
Toileting				
Residents requiring some or total assistance in toileting.	28	56.0	65.9	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	30	60.0	71.1	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	39	78.0	62.7	59.1
Residents on individually written bowel and bladder retraining program.	7	14.0	8.0	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	23	46.0	33.9	29.3
Completely bedfast residents.	1	2.0	1.6	3.6
Residents confined to chairs.	18	36.0	37.3	39.1
Residents requiring restraints.	9	18.0	36.1	31.7
Confused or disoriented residents.	21	42.0	60.6	55.8
Residents with bed sores.	7	14.0	5.3	4.7
Residents receiving special skin care.	26	52.0	23.5	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	32	6.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	11	2.2	198	3.6
Each resident is free from mental and physical abuse.	MET	7	1.4	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	64	12.9	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	91	18.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	11	2.2	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.4	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	58	11.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	96	19.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	NOT MET	71	14.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	55	11.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	57	11.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	67	13.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	90	18.1	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	64	12.9	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	128	25.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	181	36.4	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	51	10.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	53	10.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	79	15.9	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	175	35.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	168	33.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	124	24.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	18	3.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	313	63.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
GOSPEL LIGHT NURSING HOME

Street Address:		City and State:	
BOX 238 W THIRD STREET		KINGSTOWN OH 45644	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	50	PROPRIETARY	07/16/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
28	0	22

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY #	FACILITY %	STATE %	NATION %
Bathing				
Residents requiring some or total assistance in bathing.	14	50.0	78.6	78.3
Dressing				
Residents requiring some or total assistance in dressing.	23	82.1	81.6	76.7
Toileting				
Residents requiring some or total assistance in toileting.	20	71.4	65.9	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	17	60.7	71.1	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	22	78.6	62.7	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	8.0	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	10	35.7	33.9	29.3
Completely bedfast residents.	2	7.1	1.6	3.6
Residents confined to chairs.	8	28.6	37.3	39.1
Residents requiring restraints.	9	32.1	36.1	31.7
Confused or disoriented residents.	25	89.3	60.6	55.8
Residents with bed sores.	0	0.0	5.3	4.7
Residents receiving special skin care.	10	35.7	23.5	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	32	6.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	11	2.2	198	3.6
Each resident is free from mental and physical abuse.	MET	7	1.4	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	64	12.9	564	10.3
Each resident is given privacy during treatment and care of personal needs.	NOT MET	91	18.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	11	2.2	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.4	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	NOT MET	58	11.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	96	19.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	71	14.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	55	11.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	57	11.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	67	13.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	90	18.1	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	64	12.9	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	128	25.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	181	36.4	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	51	10.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	53	10.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	79	15.9	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	175	35.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	168	33.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	124	24.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	18	3.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	313	63.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
ASHTABULA COUNTY NH

Street Address:		City and State:	
DIBBLE RD ST RTE 84		KINGSVILLE OH 44048	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	310	NON-PROFIT OTHER	02/11/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
257	0	211

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	187	72.8	78.6	78.3
Dressing				
Residents requiring some or total assistance in dressing.	220	85.6	81.6	76.7
Toileting				
Residents requiring some or total assistance in toileting.	176	68.5	65.9	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	204	79.4	71.1	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	169	65.8	62.7	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	8.0	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	85	33.1	33.9	29.3
Completely bedfast residents.	1	0.4	1.6	3.6
Residents confined to chairs.	101	39.3	37.3	39.1
Residents requiring restraints.	50	19.5	36.1	31.7
Confused or disoriented residents.	84	32.7	60.6	55.8
Residents with bed sores.	8	3.1	5.3	4.7
Residents receiving special skin care.	86	33.5	23.5	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	32	6.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	11	2.2	198	3.6
Each resident is free from mental and physical abuse.	MET	7	1.4	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	64	12.9	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	91	18.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	11	2.2	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.4	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	58	11.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	96	19.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	71	14.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	55	11.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	57	11.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	67	13.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	90	18.1	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	64	12.9	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	128	25.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	181	36.4	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	51	10.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	53	10.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	79	15.9	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	175	35.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	168	33.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	124	24.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	18	3.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	313	63.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
PINE KIRK NURSING HOME

Street Address:		City and State:	
205 E MAIN ST		KIRKSVILLE OH 43033	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	39	PROPRIETARY	02/18/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
39	0	31

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY #	FACILITY %	STATE %	NATION %
Bathing				
Residents requiring some or total assistance in bathing.	34	87.2	78.6	78.3
Dressing				
Residents requiring some or total assistance in dressing.	29	74.4	81.6	76.7
Toileting				
Residents requiring some or total assistance in toileting.	19	48.7	65.9	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	32	82.1	71.1	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	19	48.7	62.7	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	8.0	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	9	23.1	33.9	29.3
Completely bedfast residents.	2	5.1	1.6	3.6
Residents confined to chairs.	11	28.2	37.3	39.1
Residents requiring restraints.	5	12.8	36.1	31.7
Confused or disoriented residents.	25	64.1	60.6	55.8
Residents with bed sores.	1	2.6	5.3	4.7
Residents receiving special skin care.	5	12.8	23.5	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	32	6.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	11	2.2	198	3.6
Each resident is free from mental and physical abuse.	MET	7	1.4	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	64	12.9	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	91	18.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	11	2.2	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.4	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	58	11.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	96	19.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	71	14.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	55	11.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	57	11.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	67	13.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	90	18.1	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	64	12.9	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	128	25.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	181	36.4	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	51	10.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	53	10.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	79	15.9	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	175	35.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	168	33.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	124	24.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	18	3.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	313	63.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
WESTERN RESERVE CONVL HOME

Street Address:		City and State:	
9679 CHILLICOTHE ROAD		KIRTLAND OH 44094	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF/ICF	150	PROPRIETARY	10/27/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
20	20	0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	20	100	83.6	81.5
Dressing				
Residents requiring some or total assistance in dressing.	20	100	87.3	83.2
Toileting				
Residents requiring some or total assistance in toileting.	20	100	74.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	20	100	77.5	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	20	100	67.5	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	5.6	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	15	75.0	43.0	37.7
Completely bedfast residents.	3	15.0	3.4	3.4
Residents confined to chairs.	19	95.0	49.1	50.8
Residents requiring restraints.	15	75.0	43.2	41.3
Confused or disoriented residents.	19	95.0	59.0	58.4
Residents with bed sores.	6	30.0	7.6	7.1
Residents receiving special skin care.	2	10.0	28.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	6.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	13	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	8	1.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	57	12.7	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	86	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	5	1.1	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	60	13.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	103	22.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	96	21.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	54	12.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	72	16.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	107	23.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	73	16.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	91	20.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	72	16.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	133	29.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	113	25.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	50	11.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	30	6.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	56	12.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	153	34.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	138	30.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	60	13.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	49	10.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	10.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	143	31.8	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	21	4.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	283	62.9	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
WESTERN RESERVE EXTENDED CARE

Street Address:		City and State:	
9685 CHILLICOTHE RD		KIRTLAND OH 44094	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE SNF/ICF	52	PROPRIETARY	05/20/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
36	3	0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	12	33.3	83.6	81.5
Dressing				
Residents requiring some or total assistance in dressing.	12	33.3	87.3	83.2
Toileting				
Residents requiring some or total assistance in toileting.	10	27.8	74.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	9	25.0	77.5	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	10	27.8	67.5	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	5.6	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	8	22.2	43.0	37.7
Completely bedfast residents.	2	5.6	3.4	3.4
Residents confined to chairs.	7	19.4	49.1	50.8
Residents requiring restraints.	1	2.8	43.2	41.3
Confused or disoriented residents.	3	8.3	59.0	58.4
Residents with bed sores.	2	5.6	7.6	7.1
Residents receiving special skin care.	2	5.6	28.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	6.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	13	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	8	1.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	57	12.7	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	86	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	5	1.1	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	60	13.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	103	22.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	96	21.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	54	12.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	72	16.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	107	23.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	73	16.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	91	20.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	72	16.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	133	29.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	113	25.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	50	11.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	30	6.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	56	12.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	153	34.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	138	30.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	60	13.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	49	10.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	10.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	143	31.8	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	21	4.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	283	62.9	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
EDGEWATER QUALITY CARE NURSING CTR

Street Address:		City and State:	
1930 CRAIG DR		LAKE MILTON OH 44429	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	75	PROPRIETARY	09/02/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
58	0	48

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	51	87.9	78.6	78.3
Dressing				
Residents requiring some or total assistance in dressing.	52	89.7	81.6	76.7
Toileting				
Residents requiring some or total assistance in toileting.	47	81.0	65.9	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	44	75.9	71.1	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	43	74.1	62.7	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	8.0	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	27	46.6	33.9	29.3
Completely bedfast residents.	2	3.4	1.6	3.6
Residents confined to chairs.	44	75.9	37.3	39.1
Residents requiring restraints.	34	58.6	36.1	31.7
Confused or disoriented residents.	26	44.8	60.6	55.8
Residents with bed sores.	3	5.2	5.3	4.7
Residents receiving special skin care.	27	46.6	23.5	24.0

SELECTED PERFORMANCE INDICATORS

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Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	32	6.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	11	2.2	198	3.6
Each resident is free from mental and physical abuse.	MET	7	1.4	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	64	12.9	564	10.3
Each resident is given privacy during treatment and care of personal needs.	NOT MET	91	18.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	11	2.2	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.4	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	58	11.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	96	19.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	71	14.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	55	11.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	57	11.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	67	13.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	90	18.1	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	64	12.9	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	128	25.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	181	36.4	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	51	10.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	53	10.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	79	15.9	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	175	35.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	168	33.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	124	24.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	18	3.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	313	63.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
HEARTLAND OF INDIAN LAKE NURSING CTR.

Street Address:		City and State:	
14480 S.R. 366, EAST		LAKEVIEW OH 43331	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	100	PROPRIETARY	09/03/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
73	0	58

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	61	83.6	78.6	78.3
Dressing				
Residents requiring some or total assistance in dressing.	71	97.3	81.6	76.7
Toileting				
Residents requiring some or total assistance in toileting.	57	78.1	65.9	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	67	91.8	71.1	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	49	67.1	62.7	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	8.0	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	10	13.7	33.9	29.3
Completely bedfast residents.	0	0.0	1.6	3.6
Residents confined to chairs.	55	75.3	37.3	39.1
Residents requiring restraints.	33	45.2	36.1	31.7
Confused or disoriented residents.	23	31.5	60.6	55.8
Residents with bed sores.	4	5.5	5.3	4.7
Residents receiving special skin care.	0	0.0	23.5	24.0

SELECTED PERFORMANCE INDICATORS

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		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	32	6.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	11	2.2	198	3.6
Each resident is free from mental and physical abuse.	MET	7	1.4	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	64	12.9	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	91	18.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	11	2.2	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.4	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	58	11.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	96	19.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	NOT MET	71	14.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	55	11.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	57	11.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	67	13.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	90	18.1	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	64	12.9	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	128	25.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	181	36.4	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	51	10.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	53	10.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	79	15.9	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	175	35.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	168	33.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	124	24.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	18	3.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	313	63.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
HEARTLAND OF INDIAN LAKE REHAB CTR

Street Address:		City and State:	
14442 SR 33 WEST		LAKEVIEW OH 43331	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF/ICF	50	PROPRIETARY	09/03/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
19	2	16

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	19	100	83.6	81.5
Dressing				
Residents requiring some or total assistance in dressing.	19	100	87.3	83.2
Toileting				
Residents requiring some or total assistance in toileting.	19	100	74.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	19	100	77.5	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	18	94.7	67.5	68.2
Residents on individually written bowel and bladder retraining program.	1	5.3	5.6	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	16	84.2	43.0	37.7
Completely bedfast residents.	0	0.0	3.4	3.4
Residents confined to chairs.	19	100	49.1	50.8
Residents requiring restraints.	8	42.1	43.2	41.3
Confused or disoriented residents.	3	15.8	59.0	58.4
Residents with bed sores.	1	5.3	7.6	7.1
Residents receiving special skin care.	19	100	28.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	6.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	13	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	8	1.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	57	12.7	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	86	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	5	1.1	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	60	13.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	103	22.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	96	21.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	54	12.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	72	16.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	107	23.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	73	16.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	91	20.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	72	16.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	133	29.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	113	25.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	50	11.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	30	6.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	56	12.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	153	34.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	138	30.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	60	13.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	49	10.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	10.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	143	31.8	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	21	4.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	283	62.9	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
ARISTOCRAT-LAKEWOOD

Street Address:		City and State:	
13900 DETROIT AVE		LAKEWOOD OH 44107	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF/ICF	132	PROPRIETARY	09/18/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
131	0	56

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	131	100	83.6	81.5
Dressing				
Residents requiring some or total assistance in dressing.	112	85.5	87.3	83.2
Toileting				
Residents requiring some or total assistance in toileting.	108	82.4	74.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	131	100	77.5	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	84	64.1	67.5	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	5.6	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	37	28.2	43.0	37.7
Completely bedfast residents.	2	1.5	3.4	3.4
Residents confined to chairs.	92	70.2	49.1	50.8
Residents requiring restraints.	70	53.4	43.2	41.3
Confused or disoriented residents.	95	72.5	59.0	58.4
Residents with bed sores.	7	5.3	7.6	7.1
Residents receiving special skin care.	92	70.2	28.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	6.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	13	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	8	1.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	57	12.7	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	86	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	5	1.1	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	60	13.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	103	22.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	96	21.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	54	12.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	72	16.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	107	23.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	73	16.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	91	20.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	72	16.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	133	29.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	113	25.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	50	11.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	30	6.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	56	12.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	153	34.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	138	30.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	60	13.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	49	10.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	10.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	143	31.8	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	21	4.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	283	62.9	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
CRESTMONT NURSING HOME NORTH

Street Address:		City and State:	
13330 DETROIT AVENUE		LAKEWOOD OH 44107	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	73	PROPRIETARY	11/25/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
70	0	70

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	57	81.4	78.6	78.3
Dressing				
Residents requiring some or total assistance in dressing.	63	90.0	81.6	76.7
Toileting				
Residents requiring some or total assistance in toileting.	51	72.9	65.9	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	70	100	71.1	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	50	71.4	62.7	59.1
Residents on individually written bowel and bladder retraining program.	17	24.3	8.0	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	19	27.1	33.9	29.3
Completely bedfast residents.	1	1.4	1.6	3.6
Residents confined to chairs.	39	55.7	37.3	39.1
Residents requiring restraints.	34	48.6	36.1	31.7
Confused or disoriented residents.	42	60.0	60.6	55.8
Residents with bed sores.	1	1.4	5.3	4.7
Residents receiving special skin care.	50	71.4	23.5	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	32	6.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	11	2.2	198	3.6
Each resident is free from mental and physical abuse.	MET	7	1.4	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	64	12.9	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	91	18.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	11	2.2	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.4	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	58	11.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	96	19.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	71	14.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	55	11.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	57	11.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	67	13.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	35	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	90	18.1	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	64	12.9	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	128	25.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	181	36.4	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	51	10.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	53	10.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	79	15.9	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	175	35.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	168	33.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	124	24.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	18	3.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	313	63.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
WRIGHT NURSING CENTER

Street Address:		City and State:	
13315 DETROIT AVE		LAKEWOOD OH 44107	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	50	PROPRIETARY	05/06/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
50	0	20

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	43	86.0	78.6	78.3
Dressing Residents requiring some or total assistance in dressing.	43	86.0	81.6	76.7
Toileting Residents requiring some or total assistance in toileting.	39	78.0	65.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	42	84.0	71.1	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	34	68.0	62.7	59.1
Residents on individually written bowel and bladder retraining program.	1	2.0	8.0	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	12	24.0	33.9	29.3
Completely bedfast residents.	1	2.0	1.6	3.6
Residents confined to chairs.	11	22.0	37.3	39.1
Residents requiring restraints.	21	42.0	36.1	31.7
Confused or disoriented residents.	33	66.0	60.6	55.8
Residents with bed sores.	0	0.0	5.3	4.7
Residents receiving special skin care.	0	0.0	23.5	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	32	6.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	11	2.2	198	3.6
Each resident is free from mental and physical abuse.	MET	7	1.4	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	64	12.9	564	10.3
Each resident is given privacy during treatment and care of personal needs.	NOT MET	91	18.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	11	2.2	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.4	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	58	11.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	96	19.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	71	14.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	55	11.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	57	11.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	67	13.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	35	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	90	18.1	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	64	12.9	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	128	25.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	181	36.4	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	51	10.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	53	10.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	79	15.9	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	175	35.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	168	33.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	124	24.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	18	3.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	313	63.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
AMERICARE HOMESTEAD NSG & REHAB CTR

Street Address:		City and State:	
1900 E MAIN ST		LANCASTER OH 43130	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF/ICF	102	PROPRIETARY	09/09/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
25	1	23

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	23	92.0	83.6	81.5
Dressing				
Residents requiring some or total assistance in dressing.	24	96.0	87.3	83.2
Toileting				
Residents requiring some or total assistance in toileting.	23	92.0	74.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	23	92.0	77.5	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	23	92.0	67.5	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	5.6	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	11	44.0	43.0	37.7
Completely bedfast residents.	1	4.0	3.4	3.4
Residents confined to chairs.	14	56.0	49.1	50.8
Residents requiring restraints.	20	80.0	43.2	41.3
Confused or disoriented residents.	21	84.0	59.0	58.4
Residents with bed sores.	3	12.0	7.6	7.1
Residents receiving special skin care.	3	12.0	28.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	6.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	13	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	8	1.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	57	12.7	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	86	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	5	1.1	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	60	13.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	103	22.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	96	21.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	54	12.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	72	16.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	107	23.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	73	16.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	91	20.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	72	16.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	133	29.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	113	25.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	50	11.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	30	6.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	56	12.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	153	34.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	138	30.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	60	13.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	49	10.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	10.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	143	31.8	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	21	4.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	283	62.9	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
AMERICARE-LANCASTER NSG & REHAB CTR

Street Address:		City and State:	
3680 DOLSON CT N W		LANCASTER OH 43130	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF/ICF	100	PROPRIETARY	09/10/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
17	3	11

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	14	82.4	83.6	81.5
Dressing				
Residents requiring some or total assistance in dressing.	16	94.1	87.3	83.2
Toileting				
Residents requiring some or total assistance in toileting.	16	94.1	74.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	16	94.1	77.5	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	12	70.6	67.5	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	5.6	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	8	47.1	43.0	37.7
Completely bedfast residents.	3	17.6	3.4	3.4
Residents confined to chairs.	7	41.2	49.1	50.8
Residents requiring restraints.	8	47.1	43.2	41.3
Confused or disoriented residents.	9	52.9	59.0	58.4
Residents with bed sores.	1	5.9	7.6	7.1
Residents receiving special skin care.	1	5.9	28.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

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		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	6.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	13	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	8	1.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	57	12.7	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	86	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	5	1.1	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	60	13.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	103	22.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	96	21.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	54	12.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	72	16.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	107	23.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	73	16.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	91	20.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	72	16.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	133	29.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	113	25.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	50	11.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	30	6.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	56	12.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	153	34.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	138	30.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	60	13.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	49	10.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	10.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	143	31.8	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	21	4.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	283	62.9	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
CRESTVIEW MANOR NH 1

Street Address:		City and State:	
925 BECKS KNOB RD RT 3		LANCASTER OH 43130	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF/ICF	101	NON-PROFIT OTHER	09/11/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
95	2	76

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	94	98.9	83.6	81.5
Dressing				
Residents requiring some or total assistance in dressing.	93	97.9	87.3	83.2
Toileting				
Residents requiring some or total assistance in toileting.	78	82.1	74.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	78	82.1	77.5	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	67	70.5	67.5	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	5.6	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	42	44.2	43.0	37.7
Completely bedfast residents.	1	1.1	3.4	3.4
Residents confined to chairs.	42	44.2	49.1	50.8
Residents requiring restraints.	41	43.2	43.2	41.3
Confused or disoriented residents.	65	68.4	59.0	58.4
Residents with bed sores.	2	2.1	7.6	7.1
Residents receiving special skin care.	17	17.9	28.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	6.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	13	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	8	1.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	57	12.7	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	86	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	5	1.1	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	60	13.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	103	22.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	96	21.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	54	12.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	72	16.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	107	23.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	73	16.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	91	20.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	72	16.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	133	29.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	113	25.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	50	11.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	30	6.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	56	12.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	153	34.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	138	30.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	60	13.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	49	10.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	10.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	143	31.8	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	21	4.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	283	62.9	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
CRESTVIEW MANOR NH 2

Street Address:		City and State:	
957 BECKS KNOB ROAD		LANCASTER OH 43130	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF/ICF	101	PROPRIETARY	10/22/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
93	0	67

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	87	93.5	83.6	81.5
Dressing				
Residents requiring some or total assistance in dressing.	86	92.5	87.3	83.2
Toileting				
Residents requiring some or total assistance in toileting.	76	81.7	74.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	76	81.7	77.5	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	55	59.1	67.5	68.2
Residents on individually written bowel and bladder retraining program.	19	20.4	5.6	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	49	52.7	43.0	37.7
Completely bedfast residents.	2	2.2	3.4	3.4
Residents confined to chairs.	23	24.7	49.1	50.8
Residents requiring restraints.	41	44.1	43.2	41.3
Confused or disoriented residents.	74	79.6	59.0	58.4
Residents with bed sores.	4	4.3	7.6	7.1
Residents receiving special skin care.	13	14.0	28.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	6.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	13	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	8	1.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	57	12.7	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	86	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	5	1.1	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	60	13.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	103	22.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	96	21.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	54	12.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	72	16.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	107	23.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	73	16.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	91	20.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	72	16.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	133	29.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	113	25.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	50	11.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	30	6.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	56	12.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	153	34.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	138	30.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	60	13.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	49	10.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	10.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	143	31.8	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	21	4.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	283	62.9	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
CRITES NURSING HOME

Street Address:	City and State:		
1318 E MAIN ST	LANCASTER OH 43130		
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	60	PROPRIETARY	08/19/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
60	0	42

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	53	88.3	78.6	78.3
Dressing				
Residents requiring some or total assistance in dressing.	46	76.7	81.6	76.7
Toileting				
Residents requiring some or total assistance in toileting.	36	60.0	65.9	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	56	93.3	71.1	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	33	55.0	62.7	59.1
Residents on individually written bowel and bladder retraining program.	34	56.7	8.0	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	16	26.7	33.9	29.3
Completely bedfast residents.	1	1.7	1.6	3.6
Residents confined to chairs.	27	45.0	37.3	39.1
Residents requiring restraints.	15	25.0	36.1	31.7
Confused or disoriented residents.	42	70.0	60.6	55.8
Residents with bed sores.	1	1.7	5.3	4.7
Residents receiving special skin care.	17	28.3	23.5	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	NOT MET	32	6.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	11	2.2	198	3.6
Each resident is free from mental and physical abuse.	NOT MET	7	1.4	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	64	12.9	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	91	18.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	11	2.2	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.4	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	58	11.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	96	19.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	71	14.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	55	11.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	57	11.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	67	13.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	90	18.1	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	64	12.9	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	128	25.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	181	36.4	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	51	10.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	53	10.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	79	15.9	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	175	35.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	168	33.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	124	24.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	18	3.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	313	63.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
JOHNSTON NURSING HOME

Street Address:		City and State:	
1246 E MAIN ST		LANCASTER OH 43130	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	30	PROPRIETARY	08/25/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
30	0	21

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	20	66.7	78.6	78.3
Dressing				
Residents requiring some or total assistance in dressing.	19	63.3	81.6	76.7
Toileting				
Residents requiring some or total assistance in toileting.	17	56.7	65.9	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	17	56.7	71.1	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	21	70.0	62.7	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	8.0	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	7	23.3	33.9	29.3
Completely bedfast residents.	0	0.0	1.6	3.6
Residents confined to chairs.	7	23.3	37.3	39.1
Residents requiring restraints.	7	23.3	36.1	31.7
Confused or disoriented residents.	13	43.3	60.6	55.8
Residents with bed sores.	2	6.7	5.3	4.7
Residents receiving special skin care.	10	33.3	23.5	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	32	6.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	11	2.2	198	3.6
Each resident is free from mental and physical abuse.	MET	7	1.4	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	64	12.9	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	91	18.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	NOT MET	1	0.2	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	11	2.2	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.4	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	58	11.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	96	19.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	71	14.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	55	11.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	57	11.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	67	13.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	90	18.1	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	64	12.9	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	128	25.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	181	36.4	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	51	10.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	53	10.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	79	15.9	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	175	35.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	168	33.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	124	24.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	18	3.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	313	63.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
VALLEY VIEW NURSING HOME

Street Address:		City and State:	
5185 LITHOPOLIS RD		LANCASTER OH 43130	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	25	PROPRIETARY	09/08/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
22	0	14

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	21	95.5	78.6	78.3
Dressing				
Residents requiring some or total assistance in dressing.	14	63.6	81.6	76.7
Toileting				
Residents requiring some or total assistance in toileting.	12	54.5	65.9	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	16	72.7	71.1	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	12	54.5	62.7	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	8.0	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	7	31.8	33.9	29.3
Completely bedfast residents.	0	0.0	1.6	3.6
Residents confined to chairs.	9	40.9	37.3	39.1
Residents requiring restraints.	6	27.3	36.1	31.7
Confused or disoriented residents.	10	45.5	60.6	55.8
Residents with bed sores.	0	0.0	5.3	4.7
Residents receiving special skin care.	13	59.1	23.5	24.0

SELECTED PERFORMANCE INDICATORS

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		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	32	6.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	11	2.2	198	3.6
Each resident is free from mental and physical abuse.	MET	7	1.4	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	64	12.9	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	91	18.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	11	2.2	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.4	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	NOT MET	58	11.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	96	19.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	71	14.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	55	11.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	57	11.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	67	13.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	90	18.1	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	64	12.9	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	128	25.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	181	36.4	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	51	10.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	53	10.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	79	15.9	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	175	35.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	168	33.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	124	24.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	18	3.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	313	63.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
WINTERSONG VILLAGE OF LAURELVILLE

Street Address:	City and State:		
16128 PIKE ST BOX 128	LAURELVILLE OH 43135		
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	18	PROPRIETARY	12/08/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
17	0	12

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	15	88.2	78.6	78.3
Dressing				
Residents requiring some or total assistance in dressing.	14	82.4	81.6	76.7
Toileting				
Residents requiring some or total assistance in toileting.	15	88.2	65.9	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	12	70.6	71.1	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	13	76.5	62.7	59.1
Residents on individually written bowel and bladder retraining program.	9	52.9	8.0	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	5	29.4	33.9	29.3
Completely bedfast residents.	1	5.9	1.6	3.6
Residents confined to chairs.	9	52.9	37.3	39.1
Residents requiring restraints.	6	35.3	36.1	31.7
Confused or disoriented residents.	10	58.8	60.6	55.8
Residents with bed sores.	0	0.0	5.3	4.7
Residents receiving special skin care.	1	5.9	23.5	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	32	6.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	11	2.2	198	3.6
Each resident is free from mental and physical abuse.	MET	7	1.4	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	64	12.9	564	10.3
Each resident is given privacy during treatment and care of personal needs.	NOT MET	91	18.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	11	2.2	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.4	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	58	11.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	96	19.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	71	14.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	55	11.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	57	11.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	67	13.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	35	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	90	18.1	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	64	12.9	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	128	25.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	181	36.4	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	51	10.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	53	10.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	79	15.9	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	175	35.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	168	33.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	124	24.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	18	3.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	313	63.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
CEDARS OF LEBANON

Street Address:		City and State:	
102 EAST SILVER STREET		LEBANON OH 45036	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	45	PROPRIETARY	06/26/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
45	0	45

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	35	77.8	78.6	78.3
Dressing				
Residents requiring some or total assistance in dressing.	38	84.4	81.6	76.7
Toileting				
Residents requiring some or total assistance in toileting.	38	84.4	65.9	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	32	71.1	71.1	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	17	37.8	62.7	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	8.0	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	12	26.7	33.9	29.3
Completely bedfast residents.	0	0.0	1.6	3.6
Residents confined to chairs.	1	2.2	37.3	39.1
Residents requiring restraints.	20	44.4	36.1	31.7
Confused or disoriented residents.	24	53.3	60.6	55.8
Residents with bed sores.	0	0.0	5.3	4.7
Residents receiving special skin care.	1	2.2	23.5	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	NOT MET	32	6.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	11	2.2	198	3.6
Each resident is free from mental and physical abuse.	MET	7	1.4	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	64	12.9	564	10.3
Each resident is given privacy during treatment and care of personal needs.	NOT MET	91	18.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	11	2.2	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.4	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	58	11.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	96	19.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	71	14.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	55	11.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	57	11.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	67	13.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	90	18.1	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	64	12.9	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	128	25.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	181	36.4	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	51	10.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	53	10.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	79	15.9	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	175	35.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	168	33.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	124	24.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	18	3.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	313	63.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
LEBANON COUNTRY MANOR

Street Address:		City and State:	
700 MONROE ROAD		LEBANON OH 45036	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	100	PROPRIETARY	04/20/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
92	0	83

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	70	76.1	78.6	78.3
Dressing				
Residents requiring some or total assistance in dressing.	80	87.0	81.6	76.7
Toileting				
Residents requiring some or total assistance in toileting.	73	79.3	65.9	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	76	82.6	71.1	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	45	48.9	62.7	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	8.0	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	54	58.7	33.9	29.3
Completely bedfast residents.	0	0.0	1.6	3.6
Residents confined to chairs.	23	25.0	37.3	39.1
Residents requiring restraints.	44	47.8	36.1	31.7
Confused or disoriented residents.	57	62.0	60.6	55.8
Residents with bed sores.	10	10.9	5.3	4.7
Residents receiving special skin care.	34	37.0	23.5	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	32	6.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	11	2.2	198	3.6
Each resident is free from mental and physical abuse.	MET	7	1.4	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	64	12.9	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	91	18.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	11	2.2	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.4	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	58	11.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	96	19.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	71	14.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	55	11.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	57	11.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	67	13.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	35	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	90	18.1	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	64	12.9	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	128	25.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	181	36.4	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	51	10.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	53	10.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	79	15.9	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	175	35.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	168	33.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	124	24.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	18	3.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	313	63.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
LEBANON HEALTH CARE CENTER

Street Address:		City and State:	
115 OREGONIA ROAD		LEBANON OH 45036	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	100	PROPRIETARY	03/04/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
99	0	67

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	64	64.6	78.6	78.3
Dressing				
Residents requiring some or total assistance in dressing.	78	78.8	81.6	76.7
Toileting				
Residents requiring some or total assistance in toileting.	65	65.7	65.9	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	88	88.9	71.1	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	65	65.7	62.7	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	8.0	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	38	38.4	33.9	29.3
Completely bedfast residents.	4	4.0	1.6	3.6
Residents confined to chairs.	0	0.0	37.3	39.1
Residents requiring restraints.	47	47.5	36.1	31.7
Confused or disoriented residents.	77	77.8	60.6	55.8
Residents with bed sores.	4	4.0	5.3	4.7
Residents receiving special skin care.	15	15.2	23.5	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	32	6.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	11	2.2	198	3.6
Each resident is free from mental and physical abuse.	MET	7	1.4	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	64	12.9	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	91	18.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	11	2.2	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.4	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	58	11.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	96	19.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	NOT MET	71	14.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	55	11.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	57	11.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	67	13.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	90	18.1	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	64	12.9	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	128	25.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	181	36.4	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	51	10.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	53	10.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	79	15.9	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	175	35.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	168	33.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	124	24.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	18	3.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	313	63.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
LEBANON HEALTH CARE CENTER

Street Address:		City and State:	
115 OREGONIA RD P O BOX 376		LEBANON OH 45036	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF/ICF	103	PROPRIETARY	11/19/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
56	0	40

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	48	85.7	83.6	81.5
Dressing				
Residents requiring some or total assistance in dressing.	51	91.1	87.3	83.2
Toileting				
Residents requiring some or total assistance in toileting.	36	64.3	74.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	30	53.6	77.5	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	36	64.3	67.5	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	5.6	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	28	50.0	43.0	37.7
Completely bedfast residents.	3	5.4	3.4	3.4
Residents confined to chairs.	27	48.2	49.1	50.8
Residents requiring restraints.	28	50.0	43.2	41.3
Confused or disoriented residents.	52	92.9	59.0	58.4
Residents with bed sores.	4	7.1	7.6	7.1
Residents receiving special skin care.	12	21.4	28.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	6.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	13	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	8	1.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	57	12.7	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	86	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	5	1.1	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	60	13.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	103	22.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	96	21.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	54	12.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	72	16.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	107	23.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

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		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	73	16.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	91	20.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	72	16.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	133	29.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	113	25.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	50	11.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	30	6.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	56	12.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	153	34.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	138	30.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	60	13.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	49	10.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	10.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	143	31.8	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	21	4.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	283	62.9	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
LEBANON NURSING HOME

Street Address:		City and State:	
220 SOUTH MECHANIC ST		LEBANON OH 45036	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	36	PROPRIETARY	02/04/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
36	0	32

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	29	80.6	78.6	78.3
Dressing				
Residents requiring some or total assistance in dressing.	29	80.6	81.6	76.7
Toileting				
Residents requiring some or total assistance in toileting.	28	77.8	65.9	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	23	63.9	71.1	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	25	69.4	62.7	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	8.0	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	26	72.2	33.9	29.3
Completely bedfast residents.	0	0.0	1.6	3.6
Residents confined to chairs.	7	19.4	37.3	39.1
Residents requiring restraints.	22	61.1	36.1	31.7
Confused or disoriented residents.	23	63.9	60.6	55.8
Residents with bed sores.	0	0.0	5.3	4.7
Residents receiving special skin care.	3	8.3	23.5	24.0

SELECTED PERFORMANCE INDICATORS

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		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	32	6.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	11	2.2	198	3.6
Each resident is free from mental and physical abuse.	MET	7	1.4	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	64	12.9	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	91	18.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	11	2.2	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.4	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	58	11.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	96	19.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	71	14.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	55	11.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	57	11.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	67	13.5	700	12.8

SELECTED PERFORMANCE INDICATORS

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		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	90	18.1	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	64	12.9	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	128	25.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	181	36.4	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	51	10.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	53	10.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	79	15.9	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	175	35.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	168	33.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	124	24.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	18	3.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	313	63.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
OTTERBEIN HOME

Street Address:		City and State:	
585 N STATE RT 741		LEBANON OH 45036	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF/ICF	356	NON-PROFIT RELIGIOUS	02/05/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
188	0	42

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	116	61.7	83.6	81.5
Dressing				
Residents requiring some or total assistance in dressing.	69	36.7	87.3	83.2
Toileting				
Residents requiring some or total assistance in toileting.	9	4.8	74.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	56	29.8	77.5	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	44	23.4	67.5	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	5.6	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	64	34.0	43.0	37.7
Completely bedfast residents.	0	0.0	3.4	3.4
Residents confined to chairs.	5	2.7	49.1	50.8
Residents requiring restraints.	1	0.5	43.2	41.3
Confused or disoriented residents.	24	12.8	59.0	58.4
Residents with bed sores.	0	0.0	7.6	7.1
Residents receiving special skin care.	20	10.6	28.4	31.2

SELECTED PERFORMANCE INDICATORS

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		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	6.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	13	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	8	1.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	57	12.7	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	86	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	5	1.1	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	60	13.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	103	22.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	96	21.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	54	12.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	72	16.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	107	23.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	73	16.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	91	20.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	72	16.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	133	29.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	113	25.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	50	11.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	30	6.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	56	12.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	153	34.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	138	30.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	60	13.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	49	10.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	10.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	143	31.8	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	21	4.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	283	62.9	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
LEXINGTON COURT

Street Address:	City and State:		
250 DELAWARE	LEXINGTON OH 44904		
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	100	PROPRIETARY	08/07/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
99	0	61

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	89	89.9	78.6	78.3
Dressing				
Residents requiring some or total assistance in dressing.	87	87.9	81.6	76.7
Toileting				
Residents requiring some or total assistance in toileting.	72	72.7	65.9	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	90	90.9	71.1	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	65	65.7	62.7	59.1
Residents on individually written bowel and bladder retraining program.	22	22.2	8.0	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	33	33.3	33.9	29.3
Completely bedfast residents.	3	3.0	1.6	3.6
Residents confined to chairs.	31	31.3	37.3	39.1
Residents requiring restraints.	30	30.3	36.1	31.7
Confused or disoriented residents.	66	66.7	60.6	55.8
Residents with bed sores.	7	7.1	5.3	4.7
Residents receiving special skin care.	27	27.3	23.5	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	32	6.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	11	2.2	198	3.6
Each resident is free from mental and physical abuse.	MET	7	1.4	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	64	12.9	564	10.3
Each resident is given privacy during treatment and care of personal needs.	NOT MET	91	18.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	11	2.2	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.4	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	58	11.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	96	19.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	71	14.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	55	11.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	57	11.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	67	13.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	90	18.1	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	64	12.9	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	128	25.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	181	36.4	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	51	10.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	53	10.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	79	15.9	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	175	35.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	168	33.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	124	24.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	18	3.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	313	63.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
ALLEN COUNTY INN FOR THE AGED

Street Address:	City and State:		
3125 ADA ROAD	LIMA OH 45801		
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	134	LOCAL GOVERNMENT	03/23/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
109	0	93

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	58	53.2	78.6	78.3
Dressing				
Residents requiring some or total assistance in dressing.	62	56.9	81.6	76.7
Toileting				
Residents requiring some or total assistance in toileting.	49	45.0	65.9	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	57	52.3	71.1	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	51	46.8	62.7	59.1
Residents on individually written bowel and bladder retraining program.	17	15.6	8.0	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	13	11.9	33.9	29.3
Completely bedfast residents.	0	0.0	1.6	3.6
Residents confined to chairs.	26	23.9	37.3	39.1
Residents requiring restraints.	30	27.5	36.1	31.7
Confused or disoriented residents.	46	42.2	60.6	55.8
Residents with bed sores.	0	0.0	5.3	4.7
Residents receiving special skin care.	20	18.3	23.5	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	32	6.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	11	2.2	198	3.6
Each resident is free from mental and physical abuse.	MET	7	1.4	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	64	12.9	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	91	18.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	11	2.2	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.4	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	58	11.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	96	19.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	71	14.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	55	11.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	57	11.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	67	13.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	90	18.1	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	64	12.9	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	128	25.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	181	36.4	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	51	10.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	53	10.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	79	15.9	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	175	35.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	168	33.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	124	24.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	18	3.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	313	63.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
COLUMBIA CARE CENTER

Street Address:		City and State:	
651 COLUMBIA DRIVE		LIMA OH 45805	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF/ICF	50	PROPRIETARY	03/24/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
49	0	38

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	46	93.9	83.6	81.5
Dressing				
Residents requiring some or total assistance in dressing.	47	95.9	87.3	83.2
Toileting				
Residents requiring some or total assistance in toileting.	35	71.4	74.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	35	71.4	77.5	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	43	87.8	67.5	68.2
Residents on individually written bowel and bladder retraining program.	1	2.0	5.6	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	33	67.3	43.0	37.7
Completely bedfast residents.	6	12.2	3.4	3.4
Residents confined to chairs.	8	16.3	49.1	50.8
Residents requiring restraints.	15	30.6	43.2	41.3
Confused or disoriented residents.	30	61.2	59.0	58.4
Residents with bed sores.	2	4.1	7.6	7.1
Residents receiving special skin care.	17	34.7	28.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	6.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	13	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	8	1.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	57	12.7	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	86	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	5	1.1	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	60	13.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	103	22.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	96	21.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	54	12.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	72	16.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	107	23.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	73	16.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	91	20.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	72	16.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	133	29.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	113	25.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	50	11.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	30	6.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	56	12.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	153	34.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	138	30.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	60	13.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	49	10.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	10.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	143	31.8	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	21	4.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	283	62.9	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
LIMA MANOR

Street Address:		City and State:	
750 BROWER ROAD		LIMA OH 45801	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF/ICF	100	PROPRIETARY	01/07/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
80	0	62

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	63	78.7	83.6	81.5
Dressing				
Residents requiring some or total assistance in dressing.	59	73.7	87.3	83.2
Toileting				
Residents requiring some or total assistance in toileting.	53	66.2	74.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	59	73.7	77.5	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	49	61.2	67.5	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	5.6	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	30	37.5	43.0	37.7
Completely bedfast residents.	9	11.2	3.4	3.4
Residents confined to chairs.	27	33.7	49.1	50.8
Residents requiring restraints.	29	36.2	43.2	41.3
Confused or disoriented residents.	31	38.7	59.0	58.4
Residents with bed sores.	2	2.5	7.6	7.1
Residents receiving special skin care.	39	48.7	28.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

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		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	6.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	13	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	8	1.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	57	12.7	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	86	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	5	1.1	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	60	13.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	103	22.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	96	21.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	54	12.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	72	16.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	107	23.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	73	16.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	91	20.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	72	16.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	133	29.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	113	25.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	50	11.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	30	6.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	56	12.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	153	34.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	138	30.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	60	13.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	49	10.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	10.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	143	31.8	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	21	4.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	283	62.9	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
LOST CREEK CARE CENTER

Street Address:		City and State:	
804 S MUMAUGH		LIMA OH 45804	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF/ICF	100	NON-PROFIT OTHER	09/10/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
90	2	53

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	50	55.6	83.6	81.5
Dressing				
Residents requiring some or total assistance in dressing.	67	74.4	87.3	83.2
Toileting				
Residents requiring some or total assistance in toileting.	50	55.6	74.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	61	67.8	77.5	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	51	56.7	67.5	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	5.6	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	12	13.3	43.0	37.7
Completely bedfast residents.	0	0.0	3.4	3.4
Residents confined to chairs.	23	25.6	49.1	50.8
Residents requiring restraints.	24	26.7	43.2	41.3
Confused or disoriented residents.	24	26.7	59.0	58.4
Residents with bed sores.	7	7.8	7.6	7.1
Residents receiving special skin care.	14	15.6	28.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	6.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	13	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	8	1.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	57	12.7	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	86	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	5	1.1	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	NOT MET	60	13.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	103	22.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	96	21.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	54	12.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	72	16.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	107	23.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	73	16.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	91	20.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	72	16.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	133	29.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	113	25.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	50	11.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	30	6.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	56	12.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	153	34.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	138	30.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	60	13.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	49	10.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	10.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	143	31.8	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	21	4.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	283	62.9	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
OAKS CARE CENTER

Street Address:		City and State:	
599 SOUTH SHAWNEE STREET		LIMA OH 45804	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF/ICF	100	PROPRIETARY	11/09/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
16	16	0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	12	75.0	83.6	81.5
Dressing				
Residents requiring some or total assistance in dressing.	15	93.8	87.3	83.2
Toileting				
Residents requiring some or total assistance in toileting.	15	93.8	74.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	15	93.8	77.5	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	14	87.5	67.5	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	5.6	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	9	56.3	43.0	37.7
Completely bedfast residents.	2	12.5	3.4	3.4
Residents confined to chairs.	7	43.8	49.1	50.8
Residents requiring restraints.	8	50.0	43.2	41.3
Confused or disoriented residents.	6	37.5	59.0	58.4
Residents with bed sores.	2	12.5	7.6	7.1
Residents receiving special skin care.	3	18.8	28.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	6.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	13	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	8	1.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	57	12.7	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	86	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	5	1.1	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	NOT MET	60	13.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	103	22.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	96	21.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	54	12.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	72	16.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	107	23.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	73	16.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	91	20.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	72	16.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	133	29.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	113	25.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	50	11.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	30	6.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	56	12.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	153	34.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	138	30.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	60	13.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	49	10.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	10.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	143	31.8	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	21	4.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	283	62.9	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
SHAWNEE MANOR

Street Address:		City and State:	
2535 FT AMANDA RD		LIMA OH 45805	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF/ICF	150	NON-PROFIT PRIVATE	07/17/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
136	0	92

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	82	60.3	83.6	81.5
Dressing				
Residents requiring some or total assistance in dressing.	108	79.4	87.3	83.2
Toileting				
Residents requiring some or total assistance in toileting.	103	75.7	74.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	99	72.8	77.5	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	73	53.7	67.5	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	5.6	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	29	21.3	43.0	37.7
Completely bedfast residents.	4	2.9	3.4	3.4
Residents confined to chairs.	48	35.3	49.1	50.8
Residents requiring restraints.	70	51.5	43.2	41.3
Confused or disoriented residents.	69	50.7	59.0	58.4
Residents with bed sores.	3	2.2	7.6	7.1
Residents receiving special skin care.	33	24.3	28.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	6.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	13	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	8	1.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	57	12.7	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	86	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	5	1.1	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	60	13.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	103	22.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	96	21.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	54	12.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	72	16.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	107	23.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	73	16.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	91	20.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	72	16.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	133	29.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	113	25.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	50	11.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	30	6.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	56	12.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	153	34.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	138	30.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	60	13.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	49	10.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	10.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	143	31.8	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	21	4.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	283	62.9	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
SPRINGVIEW MANOR NURSING HOME

Street Address:		City and State:	
883 W SPRING ST		LIMA OH 45805	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	43	PROPRIETARY	03/02/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
33	0	6

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	33	100	78.6	78.3
Dressing				
Residents requiring some or total assistance in dressing.	22	66.7	81.6	76.7
Toileting				
Residents requiring some or total assistance in toileting.	18	54.5	65.9	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	13	39.4	71.1	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	11	33.3	62.7	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	8.0	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	6	18.2	33.9	29.3
Completely bedfast residents.	0	0.0	1.6	3.6
Residents confined to chairs.	1	3.0	37.3	39.1
Residents requiring restraints.	8	24.2	36.1	31.7
Confused or disoriented residents.	9	27.3	60.6	55.8
Residents with bed sores.	1	3.0	5.3	4.7
Residents receiving special skin care.	2	6.1	23.5	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	32	6.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	11	2.2	198	3.6
Each resident is free from mental and physical abuse.	MET	7	1.4	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	64	12.9	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	91	18.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	11	2.2	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.4	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	58	11.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	96	19.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	71	14.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	55	11.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	57	11.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	67	13.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	90	18.1	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	64	12.9	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	128	25.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	181	36.4	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	51	10.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	53	10.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	79	15.9	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	175	35.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	168	33.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	124	24.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	18	3.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	313	63.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
PLEASANT VIEW NURSING HOME

Street Address:		City and State:	
7451 PLEASANT VIEW DR		LISBON OH 44432	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	50	PROPRIETARY	09/04/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
47	0	40

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	32	68.1	78.6	78.3
Dressing				
Residents requiring some or total assistance in dressing.	39	83.0	81.6	76.7
Toileting				
Residents requiring some or total assistance in toileting.	29	61.7	65.9	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	27	57.4	71.1	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	23	48.9	62.7	59.1
Residents on individually written bowel and bladder retraining program.	3	6.4	8.0	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	14	29.8	33.9	29.3
Completely bedfast residents.	0	0.0	1.6	3.6
Residents confined to chairs.	14	29.8	37.3	39.1
Residents requiring restraints.	31	66.0	36.1	31.7
Confused or disoriented residents.	25	53.2	60.6	55.8
Residents with bed sores.	1	2.1	5.3	4.7
Residents receiving special skin care.	10	21.3	23.5	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	32	6.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	11	2.2	198	3.6
Each resident is free from mental and physical abuse.	MET	7	1.4	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	64	12.9	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	91	18.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	11	2.2	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.4	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	58	11.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	96	19.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	71	14.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	55	11.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	57	11.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	67	13.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	90	18.1	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	64	12.9	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	128	25.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	181	36.4	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	51	10.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	53	10.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	79	15.9	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	175	35.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	168	33.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	124	24.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	18	3.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	313	63.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
WINDSOR MANOR

Street Address:		City and State:	
8473 COUNTY HOME RD		LISBON OH 44432	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF/ICF	50	PROPRIETARY	07/15/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
42	0	37

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	32	76.2	83.6	81.5
Dressing				
Residents requiring some or total assistance in dressing.	39	92.9	87.3	83.2
Toileting				
Residents requiring some or total assistance in toileting.	23	54.8	74.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	38	90.5	77.5	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	21	50.0	67.5	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	5.6	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	10	23.8	43.0	37.7
Completely bedfast residents.	3	7.1	3.4	3.4
Residents confined to chairs.	10	23.8	49.1	50.6
Residents requiring restraints.	23	54.8	43.2	41.3
Confused or disoriented residents.	21	50.0	59.0	58.4
Residents with bed sores.	0	0.0	7.6	7.1
Residents receiving special skin care.	5	11.9	28.4	31.2

SELECTED PERFORMANCE INDICATORS

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		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	6.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	13	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	8	1.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	57	12.7	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	86	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	5	1.1	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	60	13.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	103	22.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	96	21.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	54	12.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	72	16.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	107	23.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

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		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	73	16.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	91	20.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	72	16.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	133	29.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	113	25.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	50	11.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	30	6.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	56	12.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	153	34.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	138	30.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	60	13.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	49	10.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	48	10.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	143	31.8	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	21	4.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	283	62.9	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
ARCADIA ACRES NURSING HOME

Street Address:		City and State:	
20017 ST RT 93 S		LOGAN OH 43138	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	50	PROPRIETARY	07/02/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
48	0	32

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	32	66.7	78.6	78.3
Dressing				
Residents requiring some or total assistance in dressing.	33	68.8	81.6	76.7
Toileting				
Residents requiring some or total assistance in toileting.	13	27.1	65.9	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	7	14.6	71.1	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	13	27.1	62.7	59.1
Residents on individually written bowel and bladder retraining program.	13	27.1	8.0	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	6	12.5	33.9	29.3
Completely bedfast residents.	0	0.0	1.6	3.6
Residents confined to chairs.	8	16.7	37.3	39.1
Residents requiring restraints.	5	10.4	36.1	31.7
Confused or disoriented residents.	7	14.6	60.6	55.8
Residents with bed sores.	1	2.1	5.3	4.7
Residents receiving special skin care.	5	10.4	23.5	24.0

SELECTED PERFORMANCE INDICATORS

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		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	32	6.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	11	2.2	198	3.6
Each resident is free from mental and physical abuse.	MET	7	1.4	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	64	12.9	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	91	18.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	11	2.2	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.4	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	58	11.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	96	19.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	71	14.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	55	11.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	57	11.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	67	13.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	90	18.1	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	64	12.9	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	128	25.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	181	36.4	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	51	10.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	53	10.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	79	15.9	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	175	35.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	168	33.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	124	24.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	18	3.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	313	63.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
HOCKING VALLEY COMMUNITY HOSP-SNF

Street Address:		City and State:	
ST RT 664 NORTH		LOGAN OH 43138	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF/ICF	30	LOCAL GOVERNMENT	04/03/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
22	2	14

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	20	90.9	83.6	81.5
Dressing				
Residents requiring some or total assistance in dressing.	21	95.5	87.3	83.2
Toileting				
Residents requiring some or total assistance in toileting.	20	90.9	74.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	19	86.4	77.5	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	18	81.8	67.5	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	5.6	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	19	86.4	43.0	37.7
Completely bedfast residents.	2	9.1	3.4	3.4
Residents confined to chairs.	15	68.2	49.1	50.8
Residents requiring restraints.	7	31.8	43.2	41.3
Confused or disoriented residents.	11	50.0	59.0	58.4
Residents with bed sores.	2	9.1	7.6	7.1
Residents receiving special skin care.	2	9.1	28.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	6.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	13	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	8	1.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	57	12.7	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	86	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	5	1.1	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	60	13.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	103	22.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	96	21.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	54	12.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	72	16.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	107	23.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	73	16.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	91	20.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	72	16.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	133	29.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	113	25.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	50	11.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	30	6.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	56	12.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	153	34.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	138	30.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	60	13.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	49	10.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	10.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	143	31.8	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	21	4.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	283	62.9	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
LOGAN HEALTH CARE CENTER

Street Address:		City and State:	
300 ARLINGTON AVENUE		LOGAN OH 43138	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF/ICF	159	PROPRIETARY	09/11/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
6	1	5

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	6	100	83.6	81.5
Dressing				
Residents requiring some or total assistance in dressing.	6	100	87.3	83.2
Toileting				
Residents requiring some or total assistance in toileting.	6	100	74.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	6	100	77.5	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	5	83.3	67.5	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	5.6	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	6	100	43.0	37.7
Completely bedfast residents.	0	0.0	3.4	3.4
Residents confined to chairs.	4	66.7	49.1	50.8
Residents requiring restraints.	4	66.7	43.2	41.3
Confused or disoriented residents.	3	50.0	59.0	58.4
Residents with bed sores.	1	16.7	7.6	7.1
Residents receiving special skin care.	1	16.7	28.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	6.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	13	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	8	1.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	57	12.7	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	86	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	5	1.1	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	60	13.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	103	22.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	96	21.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	54	12.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	72	16.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	107	23.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	73	16.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	91	20.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	72	16.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	133	29.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	113	25.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	50	11.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	30	6.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	56	12.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	153	34.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	138	30.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	60	13.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	49	10.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	10.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	143	31.8	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	21	4.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	283	62.9	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
MADISON COUNTY HOSPITAL, INC.

Street Address:		City and State:	
210 N MAIN ST		LONDON OH 43140	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF/ICF	109	NON-PROFIT PRIVATE	04/26/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
5	2	3

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	5	100	83.6	81.5
Dressing				
Residents requiring some or total assistance in dressing.	5	100	87.3	83.2
Toileting				
Residents requiring some or total assistance in toileting.	4	80.0	74.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	5	100	77.5	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	0	0.0	67.5	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	5.6	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	0	0.0	43.0	37.7
Completely bedfast residents.	0	0.0	3.4	3.4
Residents confined to chairs.	0	0.0	49.1	50.8
Residents requiring restraints.	2	40.0	43.2	41.3
Confused or disoriented residents.	2	40.0	59.0	58.4
Residents with bed sores.	0	0.0	7.6	7.1
Residents receiving special skin care.	0	0.0	28.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	6.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	13	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	8	1.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	57	12.7	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	86	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	5	1.1	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	60	13.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	103	22.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	96	21.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	54	12.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	72	16.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	107	23.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	73	16.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	91	20.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	72	16.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	133	29.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	113	25.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	50	11.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	30	6.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	56	12.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	153	34.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	138	30.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	60	13.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	49	10.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	10.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	143	31.8	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	21	4.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	283	62.9	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
MADISON ELMS

Street Address:		City and State:	
218 ELM STREET		LONDON OH 43140	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF/ICF	100	PROPRIETARY	03/23/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
90	1	76

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY #	FACILITY %	STATE %	NATION %
Bathing				
Residents requiring some or total assistance in bathing.	70	77.8	83.6	81.5
Dressing				
Residents requiring some or total assistance in dressing.	75	83.3	87.3	83.2
Toileting				
Residents requiring some or total assistance in toileting.	65	72.2	74.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	62	68.9	77.5	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	52	57.8	67.5	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	5.6	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	50	55.6	43.0	37.7
Completely bedfast residents.	1	1.1	3.4	3.4
Residents confined to chairs.	70	77.8	49.1	50.8
Residents requiring restraints.	30	33.3	43.2	41.3
Confused or disoriented residents.	70	77.8	59.0	58.4
Residents with bed sores.	1	1.1	7.6	7.1
Residents receiving special skin care.	2	2.2	28.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	6.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	13	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	8	1.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	57	12.7	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	86	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	5	1.1	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	60	13.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	103	22.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	96	21.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	54	12.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	72	16.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	107	23.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	73	16.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	91	20.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	72	16.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	133	29.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	113	25.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	50	11.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	30	6.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	56	12.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	153	34.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	138	30.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	60	13.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	49	10.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	10.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	143	31.8	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	21	4.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	283	62.9	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
ANCHOR LODGE NH

Street Address:		City and State:	
3756 W ERIE AVE		LORAIN OH 44053	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	103	PROPRIETARY	06/12/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
93	0	45

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	91	97.8	78.6	78.3
Dressing				
Residents requiring some or total assistance in dressing.	90	96.8	81.6	76.7
Toileting				
Residents requiring some or total assistance in toileting.	77	82.8	65.9	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	93	100	71.1	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	71	76.3	62.7	59.1
Residents on individually written bowel and bladder retraining program.	32	34.4	8.0	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	21	22.6	33.9	29.3
Completely bedfast residents.	3	3.2	1.6	3.6
Residents confined to chairs.	50	53.8	37.3	39.1
Residents requiring restraints.	18	19.4	36.1	31.7
Confused or disoriented residents.	77	82.8	60.6	55.8
Residents with bed sores.	6	6.5	5.3	4.7
Residents receiving special skin care.	27	29.0	23.5	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	32	6.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	11	2.2	198	3.6
Each resident is free from mental and physical abuse.	MET	7	1.4	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	64	12.9	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	91	18.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	11	2.2	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.4	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	58	11.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	96	19.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	71	14.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	55	11.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	57	11.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	67	13.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	90	18.1	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	64	12.9	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	128	25.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	181	36.4	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	51	10.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	53	10.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	79	15.9	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	175	35.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	168	33.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	124	24.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	18	3.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	313	63.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
AUTUMN AEGIS NURSING HOME

Street Address:	City and State:		
3905 OBERLIN AVENUE	LORAIN OH 44053		
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	100	PROPRIETARY	09/04/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
96	0	65

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	67	69.8	78.6	78.3
Dressing				
Residents requiring some or total assistance in dressing.	61	63.5	81.6	76.7
Toileting				
Residents requiring some or total assistance in toileting.	55	57.3	65.9	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	58	60.4	71.1	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	59	61.5	62.7	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	8.0	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	28	29.2	33.9	29.3
Completely bedfast residents.	1	1.0	1.6	3.6
Residents confined to chairs.	44	45.8	37.3	39.1
Residents requiring restraints.	19	19.8	36.1	31.7
Confused or disoriented residents.	50	52.1	60.6	55.8
Residents with bed sores.	7	7.3	5.3	4.7
Residents receiving special skin care.	15	15.6	23.5	24.0

SELECTED PERFORMANCE INDICATORS

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Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	32	6.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	11	2.2	198	3.6
Each resident is free from mental and physical abuse.	MET	7	1.4	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	64	12.9	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	91	18.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	11	2.2	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.4	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	NOT MET	58	11.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	96	19.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	71	14.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	55	11.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	57	11.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	67	13.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	90	18.1	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	64	12.9	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	128	25.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	181	36.4	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	51	10.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	53	10.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	79	15.9	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	175	35.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	168	33.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	124	24.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	18	3.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	313	63.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
LORAIN MANOR NURSING HOME

Street Address:		City and State:	
1882 E 32 STREET		LORAIN OH 44055	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	76	PROPRIETARY	01/28/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
73	0	71

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	72	98.6	78.6	78.3
Dressing				
Residents requiring some or total assistance in dressing.	59	80.8	81.6	76.7
Toileting				
Residents requiring some or total assistance in toileting.	24	32.9	65.9	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	41	56.2	71.1	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	45	61.6	62.7	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	8.0	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	30	41.1	33.9	29.3
Completely bedfast residents.	0	0.0	1.6	3.6
Residents confined to chairs.	23	31.5	37.3	39.1
Residents requiring restraints.	23	31.5	36.1	31.7
Confused or disoriented residents.	69	94.5	60.6	55.8
Residents with bed sores.	5	6.8	5.3	4.7
Residents receiving special skin care.	8	11.0	23.5	24.0

SELECTED PERFORMANCE INDICATORS

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		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	32	6.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	11	2.2	198	3.6
Each resident is free from mental and physical abuse.	MET	7	1.4	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	64	12.9	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	91	18.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	11	2.2	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.4	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	58	11.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	96	19.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	71	14.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	55	11.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	57	11.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	67	13.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	90	18.1	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	64	12.9	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	128	25.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	181	36.4	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	51	10.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	53	10.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	79	15.9	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	175	35.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	168	33.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	124	24.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	18	3.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	313	63.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
OAK HILLS NURSING CENTER

Street Address:		City and State:	
3650 BEAVERCREST DRIVE		LORAIN OH 44053	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF/ICF	100	PROPRIETARY	11/20/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
98	0	67

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	89	90.8	83.6	81.5
Dressing				
Residents requiring some or total assistance in dressing.	81	82.7	87.3	83.2
Toileting				
Residents requiring some or total assistance in toileting.	69	70.4	74.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	98	100	77.5	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	62	63.3	67.5	68.2
Residents on individually written bowel and bladder retraining program.	11	11.2	5.6	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	34	34.7	43.0	37.7
Completely bedfast residents.	1	1.0	3.4	3.4
Residents confined to chairs.	68	69.4	49.1	50.8
Residents requiring restraints.	33	33.7	43.2	41.3
Confused or disoriented residents.	74	75.5	59.0	58.4
Residents with bed sores.	7	7.1	7.6	7.1
Residents receiving special skin care.	10	10.2	28.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	6.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	13	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	8	1.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	57	12.7	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	86	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	5	1.1	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	NOT MET	60	13.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	103	22.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	96	21.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	54	12.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	72	16.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	107	23.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	73	16.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	91	20.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	72	16.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	133	29.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	113	25.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	50	11.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	30	6.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	56	12.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	153	34.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	138	30.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	60	13.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	49	10.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	10.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	143	31.8	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	21	4.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	283	62.9	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
OHIO EXTENDED CARE CENTER

Street Address:		City and State:	
3364 KOLBE ROAD		LORAIN OH 44053	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF/ICF	212	PROPRIETARY	10/30/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
201	0	125

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	201	100	83.6	81.5
Dressing				
Residents requiring some or total assistance in dressing.	201	100	87.3	83.2
Toileting				
Residents requiring some or total assistance in toileting.	191	95.0	74.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	191	95.0	77.5	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	151	75.1	67.5	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	5.6	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	137	68.2	43.0	37.7
Completely bedfast residents.	4	2.0	3.4	3.4
Residents confined to chairs.	177	88.1	49.1	50.8
Residents requiring restraints.	137	68.2	43.2	41.3
Confused or disoriented residents.	78	38.8	59.0	58.4
Residents with bed sores.	8	4.0	7.6	7.1
Residents receiving special skin care.	201	100	28.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	6.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	13	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	8	1.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	57	12.7	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	86	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	5	1.1	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	60	13.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	103	22.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	96	21.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	54	12.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	72	16.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	107	23.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	73	16.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	91	20.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	72	16.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	133	29.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	113	25.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	50	11.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	30	6.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	56	12.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	153	34.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	138	30.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	60	13.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	49	10.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	10.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	143	31.8	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	21	4.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	283	62.9	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
COLONIAL MANOR HEALTH CARE CTR

Street Address:		City and State:	
747 SOUTH MT VERNON AVE		LOUDONVILLE OH 44842	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	80	PROPRIETARY	09/14/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
69	0	42

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	36	52.2	78.6	78.3
Dressing				
Residents requiring some or total assistance in dressing.	59	85.5	81.6	76.7
Toileting				
Residents requiring some or total assistance in toileting.	52	75.4	65.9	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	51	73.9	71.1	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	40	58.0	62.7	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	8.0	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	32	46.4	33.9	29.3
Completely bedfast residents.	0	0.0	1.6	3.6
Residents confined to chairs.	25	36.2	37.3	39.1
Residents requiring restraints.	29	42.0	36.1	31.7
Confused or disoriented residents.	41	59.4	60.6	55.8
Residents with bed sores.	1	1.4	5.3	4.7
Residents receiving special skin care.	12	17.4	23.5	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	32	6.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	11	2.2	198	3.6
Each resident is free from mental and physical abuse.	MET	7	1.4	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	64	12.9	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	91	18.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	11	2.2	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.4	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	58	11.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	96	19.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	71	14.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	55	11.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	57	11.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	67	13.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	90	18.1	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	64	12.9	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	128	25.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	181	36.4	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	51	10.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	53	10.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	79	15.9	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	175	35.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	168	33.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	124	24.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	18	3.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	313	63.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
LOUDONVILLE NURSING HOME

Street Address:		City and State:	
205 NORTH WATER STREET		LOUDONVILLE OH 44842	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	25	PROPRIETARY	12/23/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
20	0	20

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	17	85.0	78.6	78.3
Dressing				
Residents requiring some or total assistance in dressing.	17	85.0	81.6	76.7
Toileting				
Residents requiring some or total assistance in toileting.	13	65.0	65.9	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	11	55.0	71.1	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	15	75.0	62.7	59.1
Residents on individually written bowel and bladder retraining program.	10	50.0	8.0	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	4	20.0	33.9	29.3
Completely bedfast residents.	0	0.0	1.6	3.6
Residents confined to chairs.	3	15.0	37.3	39.1
Residents requiring restraints.	1	5.0	36.1	31.7
Confused or disoriented residents.	4	20.0	60.6	55.8
Residents with bed sores.	1	5.0	5.3	4.7
Residents receiving special skin care.	5	25.0	23.5	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	32	6.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	11	2.2	198	3.6
Each resident is free from mental and physical abuse.	MET	7	1.4	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	64	12.9	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	91	18.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	11	2.2	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.4	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	58	11.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	96	19.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	71	14.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	55	11.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	57	11.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	67	13.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	90	18.1	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	64	12.9	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	128	25.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	181	36.4	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	51	10.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	53	10.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	79	15.9	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	175	35.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	168	33.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	124	24.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	18	3.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	313	63.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
JOSPEH T NIST GERIATRIC NURSING HOME

Street Address:	City and State:		
7770 COLUMBUS ROAD NE	LOUISVILLE OH 44641		
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF/ICF	248	LOCAL GOVERNMENT	06/19/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
238	20	186

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	172	72.3	83.6	81.5
Dressing				
Residents requiring some or total assistance in dressing.	180	75.6	87.3	83.2
Toileting				
Residents requiring some or total assistance in toileting.	168	70.6	74.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	156	65.5	77.5	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	147	61.8	67.5	68.2
Residents on individually written bowel and bladder retraining program.	2	0.8	5.6	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	111	46.6	43.0	37.7
Completely bedfast residents.	5	2.1	3.4	3.4
Residents confined to chairs.	139	58.4	49.1	50.8
Residents requiring restraints.	99	41.6	43.2	41.3
Confused or disoriented residents.	130	54.6	59.0	58.4
Residents with bed sores.	24	10.1	7.6	7.1
Residents receiving special skin care.	88	37.0	28.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	6.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	13	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	8	1.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	57	12.7	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	86	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	5	1.1	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	60	13.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	103	22.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	96	21.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	54	12.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	72	16.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	107	23.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	73	16.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	91	20.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	72	16.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	133	29.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	113	25.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	50	11.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	30	6.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	56	12.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	153	34.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	138	30.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	60	13.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	49	10.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	48	10.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	143	31.8	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	21	4.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	283	62.9	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
MAPLEVIEW CARE CENTER

Street Address:		City and State:	
4466 LYNNHAVEN AVE NE		LOUISVILLE OH 44641	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	50	NON-PROFIT PRIVATE	08/14/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
48	0	28

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY #	FACILITY %	STATE %	NATION %
Bathing				
Residents requiring some or total assistance in bathing.	43	89.6	78.6	78.3
Dressing				
Residents requiring some or total assistance in dressing.	36	75.0	81.6	76.7
Toileting				
Residents requiring some or total assistance in toileting.	36	75.0	65.9	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	45	93.8	71.1	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	32	66.7	62.7	59.1
Residents on individually written bowel and bladder retraining program.	32	66.7	8.0	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	20	41.7	33.9	29.3
Completely bedfast residents.	0	0.0	1.6	3.6
Residents confined to chairs.	25	52.1	37.3	39.1
Residents requiring restraints.	26	54.2	36.1	31.7
Confused or disoriented residents.	28	58.3	60.6	55.8
Residents with bed sores.	1	2.1	5.3	4.7
Residents receiving special skin care.	2	4.2	23.5	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	32	6.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	11	2.2	198	3.6
Each resident is free from mental and physical abuse.	MET	7	1.4	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	64	12.9	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	91	18.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	11	2.2	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.4	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	58	11.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	96	19.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	71	14.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	55	11.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	57	11.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	67	13.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	90	18.1	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	64	12.9	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	128	25.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	181	36.4	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	51	10.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	53	10.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	79	15.9	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	175	35.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	168	33.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	124	24.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	18	3.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	313	63.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
MARCELLE NURSING HOME

Street Address:		City and State:	
7121 WEST ST FRANCIS ST		LOUISVILLE OH 44641	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	50	PROPRIETARY	05/29/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
41	0	21

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	24	58.5	78.6	78.3
Dressing				
Residents requiring some or total assistance in dressing.	34	82.9	81.6	76.7
Toileting				
Residents requiring some or total assistance in toileting.	31	75.6	65.9	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	37	90.2	71.1	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	0	0.0	62.7	59.1
Residents on individually written bowel and bladder retraining program.	10	24.4	8.0	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	31	75.6	33.9	29.3
Completely bedfast residents.	0	0.0	1.6	3.6
Residents confined to chairs.	17	41.5	37.3	39.1
Residents requiring restraints.	13	31.7	36.1	31.7
Confused or disoriented residents.	23	56.1	60.6	55.8
Residents with bed sores.	3	7.3	5.3	4.7
Residents receiving special skin care.	14	34.1	23.5	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	32	6.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	11	2.2	198	3.6
Each resident is free from mental and physical abuse.	MET	7	1.4	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	64	12.9	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	91	18.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	11	2.2	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.4	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	58	11.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	96	19.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	71	14.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	55	11.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	57	11.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	67	13.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	90	18.1	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	64	12.9	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	128	25.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	181	36.4	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	51	10.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	53	10.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	79	15.9	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	175	35.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	168	33.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	124	24.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	18	3.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	313	63.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
MILLER CARE CENTER

Street Address:		City and State:	
11701 LOUISVILLE ST NE		LOUISVILLE OH 44641	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	50	PROPRIETARY	09/21/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
46	0	41

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	43	93.5	78.6	78.3
Dressing				
Residents requiring some or total assistance in dressing.	34	73.9	81.6	76.7
Toileting				
Residents requiring some or total assistance in toileting.	33	71.7	65.9	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	36	78.3	71.1	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	29	63.0	62.7	59.1
Residents on individually written bowel and bladder retraining program.	20	43.5	8.0	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	11	23.9	33.9	29.3
Completely bedfast residents.	0	0.0	1.6	3.6
Residents confined to chairs.	15	32.6	37.3	39.1
Residents requiring restraints.	12	26.1	36.1	31.7
Confused or disoriented residents.	45	97.8	60.6	55.8
Residents with bed sores.	0	0.0	5.3	4.7
Residents receiving special skin care.	6	13.0	23.5	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	32	6.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	11	2.2	198	3.6
Each resident is free from mental and physical abuse.	MET	7	1.4	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	64	12.9	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	91	18.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	11	2.2	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.4	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	58	11.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	96	19.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	71	14.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	55	11.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	57	11.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	67	13.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	90	18.1	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	64	12.9	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	128	25.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	181	36.4	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	51	10.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	53	10.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	79	15.9	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	175	35.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	168	33.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	124	24.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	18	3.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	313	63.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
MOLLY STARK HOSPITAL

Street Address:		City and State:	
7900 COLUMBUS ROAD NE		LOUISVILLE OH 44641	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF/ICF	137	LOCAL GOVERNMENT	07/10/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
19	1	15

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY #	FACILITY %	STATE %	NATION %
Bathing				
Residents requiring some or total assistance in bathing.	19	100	83.6	81.5
Dressing				
Residents requiring some or total assistance in dressing.	19	100	87.3	83.2
Toileting				
Residents requiring some or total assistance in toileting.	19	100	74.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	19	100	77.5	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	19	100	67.5	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	5.6	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	0	0.0	43.0	37.7
Completely bedfast residents.	1	5.3	3.4	3.4
Residents confined to chairs.	19	100	49.1	50.8
Residents requiring restraints.	11	57.9	43.2	41.3
Confused or disoriented residents.	0	0.0	59.0	58.4
Residents with bed sores.	3	15.8	7.6	7.1
Residents receiving special skin care.	4	21.1	28.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	6.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	13	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	8	1.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	57	12.7	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	86	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	5	1.1	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	60	13.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	103	22.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	96	21.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	54	12.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	72	16.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	107	23.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

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		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	73	16.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	91	20.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	72	16.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	133	29.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	113	25.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	50	11.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	30	6.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	56	12.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	153	34.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	138	30.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	60	13.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	49	10.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	10.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	143	31.8	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	21	4.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	283	62.9	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
ST JOSEPH HOSPICE

Street Address:		City and State:	
2308 RENO DRIVE		LOUISVILLE OH 44641	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	100	NON-PROFIT RELIGIOUS	10/08/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
98	0	57

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	82	83.7	78.6	78.3
Dressing				
Residents requiring some or total assistance in dressing.	89	90.8	81.6	76.7
Toileting				
Residents requiring some or total assistance in toileting.	77	78.6	65.9	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	78	79.6	71.1	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	63	64.3	62.7	59.1
Residents on individually written bowel and bladder retraining program.	35	35.7	8.0	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	39	39.8	33.9	29.3
Completely bedfast residents.	7	7.1	1.6	3.6
Residents confined to chairs.	48	49.0	37.3	39.1
Residents requiring restraints.	55	56.1	36.1	31.7
Confused or disoriented residents.	87	88.8	60.6	55.8
Residents with bed sores.	12	12.2	5.3	4.7
Residents receiving special skin care.	18	18.4	23.5	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	32	6.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	11	2.2	198	3.6
Each resident is free from mental and physical abuse.	MET	7	1.4	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	64	12.9	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	91	18.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	11	2.2	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.4	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	58	11.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	96	19.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	71	14.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	55	11.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	57	11.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	67	13.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	90	18.1	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	64	12.9	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	128	25.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	181	36.4	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	51	10.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	53	10.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	79	15.9	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	175	35.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	168	33.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	124	24.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	18	3.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	313	63.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
LOVELAND HEALTH CARE CTR

Street Address:		City and State:	
501 N 2ND ST		LOVELAND OH 45140	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF/ICF	109	PROPRIETARY	08/10/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
96	0	85

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	87	90.6	83.6	81.5
Dressing				
Residents requiring some or total assistance in dressing.	86	89.6	87.3	83.2
Toileting				
Residents requiring some or total assistance in toileting.	81	84.4	74.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	40	41.7	77.5	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	64	66.7	67.5	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	5.6	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	65	67.7	43.0	37.7
Completely bedfast residents.	60	62.5	3.4	3.4
Residents confined to chairs.	47	49.0	49.1	50.8
Residents requiring restraints.	60	62.5	43.2	41.3
Confused or disoriented residents.	44	45.8	59.0	58.4
Residents with bed sores.	10	10.4	7.6	7.1
Residents receiving special skin care.	16	16.7	28.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

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		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	6.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	13	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	8	1.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	57	12.7	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	86	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	5	1.1	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	60	13.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	103	22.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	96	21.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	54	12.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	72	16.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	107	23.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	73	16.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	91	20.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	72	16.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	133	29.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	113	25.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	50	11.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	30	6.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	56	12.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	153	34.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	138	30.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	60	13.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	49	10.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	10.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	143	31.8	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	21	4.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	283	62.9	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
EDGEWOOD MANOR OF LUCASVILLE II INC

Street Address:		City and State:	
RT 140 & BEARCREK RD P.O. BOX 789		LUCASVILLE OH 45648	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	65	PROPRIETARY	08/07/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
65	0	65

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	55	84.6	78.6	78.3
Dressing				
Residents requiring some or total assistance in dressing.	54	83.1	81.6	76.7
Toileting				
Residents requiring some or total assistance in toileting.	35	53.8	65.9	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	22	33.8	71.1	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	35	53.8	62.7	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	8.0	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	16	24.6	33.9	29.3
Completely bedfast residents.	0	0.0	1.6	3.6
Residents confined to chairs.	6	9.2	37.3	39.1
Residents requiring restraints.	5	7.7	36.1	31.7
Confused or disoriented residents.	65	100	60.6	55.8
Residents with bed sores.	1	1.5	5.3	4.7
Residents receiving special skin care.	12	18.5	23.5	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	32	6.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	11	2.2	198	3.6
Each resident is free from mental and physical abuse.	MET	7	1.4	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	64	12.9	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	91	18.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	11	2.2	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.4	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	58	11.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	96	19.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	71	14.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	55	11.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	57	11.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	67	13.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	90	18.1	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	64	12.9	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	128	25.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	181	36.4	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	51	10.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	53	10.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	79	15.9	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	175	35.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	168	33.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	124	24.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	18	3.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	313	63.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
EDGEWOOD MANOR OF LUCASVILLE INC

Street Address:	City and State:		
RTE 104 AND BEAR CREEK RD P O BOX 789	LUCASVILLE OH 45648		
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF/ICF	100	PROPRIETARY	04/24/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
27	0	27

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	18	66.7	83.6	81.5
Dressing				
Residents requiring some or total assistance in dressing.	24	88.9	87.3	83.2
Toileting				
Residents requiring some or total assistance in toileting.	20	74.1	74.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	20	74.1	77.5	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	17	63.0	67.5	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	5.6	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	14	51.9	43.0	37.7
Completely bedfast residents.	0	0.0	3.4	3.4
Residents confined to chairs.	19	70.4	49.1	50.8
Residents requiring restraints.	15	55.6	43.2	41.3
Confused or disoriented residents.	27	100	59.0	58.4
Residents with bed sores.	3	11.1	7.6	7.1
Residents receiving special skin care.	14	51.9	28.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	6.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	13	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	8	1.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	57	12.7	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	86	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	5	1.1	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	NOT MET	60	13.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	103	22.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	96	21.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	54	12.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	72	16.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	107	23.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	73	16.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	91	20.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	72	16.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	133	29.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	113	25.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	50	11.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	30	6.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	56	12.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	153	34.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	138	30.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	60	13.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	49	10.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	10.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	143	31.8	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	21	4.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	283	62.9	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
BROADFIELD MANOR NURSING CONV HME

Street Address:		City and State:	
7927 MIDDLE RIDGE ROAD		MADISON OH 44057	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF/ICF	142	PROPRIETARY	04/24/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
90	0	79

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	65	72.2	83.6	81.5
Dressing				
Residents requiring some or total assistance in dressing.	84	93.3	87.3	83.2
Toileting				
Residents requiring some or total assistance in toileting.	78	86.7	74.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	78	86.7	77.5	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	74	82.2	67.5	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	5.6	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	34	37.8	43.0	37.7
Completely bedfast residents.	6	6.7	3.4	3.4
Residents confined to chairs.	63	70.0	49.1	50.8
Residents requiring restraints.	51	56.7	43.2	41.3
Confused or disoriented residents.	43	47.8	59.0	58.4
Residents with bed sores.	3	3.3	7.6	7.1
Residents receiving special skin care.	3	3.3	28.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	6.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	13	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	8	1.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	57	12.7	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	86	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	5	1.1	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	60	13.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	103	22.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	96	21.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	54	12.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	72	16.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	107	23.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	73	16.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	91	20.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	72	16.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	133	29.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	113	25.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	50	11.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	30	6.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	56	12.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	153	34.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	138	30.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	60	13.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	49	10.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	48	10.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	143	31.8	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	21	4.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	283	62.9	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
INN MADISON HEALTH CENTER

Street Address:		City and State:	
6831 CHAPEL ROAD		MADISON OH 44057	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF/ICF	120	PROPRIETARY	02/11/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
115	0	90

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	98	85.2	83.6	81.5
Dressing				
Residents requiring some or total assistance in dressing.	99	86.1	87.3	83.2
Toileting				
Residents requiring some or total assistance in toileting.	87	75.7	74.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	87	75.7	77.5	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	83	72.2	67.5	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	5.6	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	36	31.3	43.0	37.7
Completely bedfast residents.	0	0.0	3.4	3.4
Residents confined to chairs.	58	50.4	49.1	50.8
Residents requiring restraints.	50	43.5	43.2	41.3
Confused or disoriented residents.	70	60.9	59.0	58.4
Residents with bed sores.	11	9.6	7.6	7.1
Residents receiving special skin care.	11	9.6	28.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	6.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	13	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	8	1.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	57	12.7	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	86	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	5	1.1	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	60	13.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	103	22.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	96	21.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	54	12.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	72	16.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	107	23.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	73	16.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	91	20.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	72	16.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	133	29.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	113	25.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	50	11.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	30	6.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	56	12.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	153	34.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	138	30.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	60	13.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	49	10.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	10.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	143	31.8	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	21	4.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	283	62.9	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
MADISON HEALTH CARE INC

Street Address:		City and State:	
7600 S RIDGE RD		MADISON OH 44057	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF/ICF	130	PROPRIETARY	11/19/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
107	0	82

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	91	85.0	83.6	81.5
Dressing				
Residents requiring some or total assistance in dressing.	94	87.9	87.3	83.2
Toileting				
Residents requiring some or total assistance in toileting.	85	79.4	74.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	86	80.4	77.5	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	81	75.7	67.5	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	5.6	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	42	39.3	43.0	37.7
Completely bedfast residents.	10	9.3	3.4	3.4
Residents confined to chairs.	34	31.8	49.1	50.8
Residents requiring restraints.	34	31.8	43.2	41.3
Confused or disoriented residents.	51	47.7	59.0	58.4
Residents with bed sores.	0	0.0	7.6	7.1
Residents receiving special skin care.	10	9.3	28.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	6.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	13	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	8	1.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	57	12.7	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	86	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	5	1.1	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	60	13.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	103	22.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	96	21.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	54	12.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	72	16.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	107	23.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	73	16.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	91	20.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	72	16.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	133	29.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	113	25.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	50	11.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	30	6.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	56	12.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	153	34.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	138	30.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	60	13.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	49	10.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	48	10.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	143	31.8	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	21	4.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	283	62.9	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
PARMITER NURSING HOME

Street Address:		City and State:	
800 N MAIN ST		MALTA OH 43758	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	30	PROPRIETARY	12/18/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
19	0	18

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	17	89.5	78.6	78.3
Dressing				
Residents requiring some or total assistance in dressing.	17	89.5	81.6	76.7
Toileting				
Residents requiring some or total assistance in toileting.	15	78.9	65.9	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	14	73.7	71.1	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	15	78.9	62.7	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	8.0	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	4	21.1	33.9	29.3
Completely bedfast residents.	0	0.0	1.6	3.6
Residents confined to chairs.	12	63.2	37.3	39.1
Residents requiring restraints.	4	21.1	36.1	31.7
Confused or disoriented residents.	5	26.3	60.6	55.8
Residents with bed sores.	2	10.5	5.3	4.7
Residents receiving special skin care.	2	10.5	23.5	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	32	6.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	11	2.2	198	3.6
Each resident is free from mental and physical abuse.	MET	7	1.4	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	64	12.9	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	91	18.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	11	2.2	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.4	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	58	11.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	96	19.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	71	14.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	55	11.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	57	11.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	67	13.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	90	18.1	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	64	12.9	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	128	25.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	181	36.4	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	51	10.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	53	10.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	79	15.9	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	175	35.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	168	33.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	124	24.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	18	3.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	313	63.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
CHENITA NURSING HOME NUMBER TWO

Street Address:		City and State:	
111 SOUTH DIAMOND ST		MANSFIELD OH 44903	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	50	PROPRIETARY	03/15/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
49	0	46

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	14	28.6	78.6	78.3
Dressing				
Residents requiring some or total assistance in dressing.	16	32.7	81.6	76.7
Toileting				
Residents requiring some or total assistance in toileting.	8	16.3	65.9	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	5	10.2	71.1	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	8	16.3	62.7	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	8.0	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	1	2.0	33.9	29.3
Completely bedfast residents.	0	0.0	1.6	3.6
Residents confined to chairs.	0	0.0	37.3	39.1
Residents requiring restraints.	0	0.0	36.1	31.7
Confused or disoriented residents.	27	55.1	60.6	55.8
Residents with bed sores.	0	0.0	5.3	4.7
Residents receiving special skin care.	0	0.0	23.5	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	32	6.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	11	2.2	198	3.6
Each resident is free from mental and physical abuse.	MET	7	1.4	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	64	12.9	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	91	18.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	11	2.2	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.4	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	58	11.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	96	19.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	71	14.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	55	11.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	57	11.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	67	13.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	90	18.1	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	64	12.9	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	128	25.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	181	36.4	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	51	10.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	53	10.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	79	15.9	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	175	35.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	168	33.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	124	24.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	18	3.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	313	63.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
CHENITA NURSING HOME 1

Street Address:		City and State:	
245 W 4TH ST		MANSFIELD OH 44902	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	13	PROPRIETARY	03/16/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
12	0	11

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	0	0.0	78.6	78.3
Dressing				
Residents requiring some or total assistance in dressing.	6	50.0	81.6	76.7
Toileting				
Residents requiring some or total assistance in toileting.	0	0.0	65.9	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	6	50.0	71.1	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	1	8.3	62.7	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	8.0	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	0	0.0	33.9	29.3
Completely bedfast residents.	0	0.0	1.6	3.6
Residents confined to chairs.	0	0.0	37.3	39.1
Residents requiring restraints.	0	0.0	36.1	31.7
Confused or disoriented residents.	8	66.7	60.6	55.8
Residents with bed sores.	0	0.0	5.3	4.7
Residents receiving special skin care.	0	0.0	23.5	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	32	6.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	11	2.2	198	3.6
Each resident is free from mental and physical abuse.	MET	7	1.4	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	64	12.9	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	91	18.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	11	2.2	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.4	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	58	11.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	96	19.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	71	14.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	55	11.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	57	11.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	67	13.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	90	18.1	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	64	12.9	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	128	25.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	181	36.4	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	51	10.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	53	10.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	79	15.9	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	175	35.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	168	33.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	124	24.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	18	3.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	313	63.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
GERIATRIC CENTER OF MANSFIELD

Street Address:		City and State:	
50 BLYMER AVE		MANSFIELD OH 44903	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF/ICF	99	NON-PROFIT PRIVATE	09/08/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
15	8	3

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	14	93.3	83.6	81.5
Dressing				
Residents requiring some or total assistance in dressing.	15	100	87.3	83.2
Toileting				
Residents requiring some or total assistance in toileting.	13	86.7	74.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	13	86.7	77.5	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	7	46.7	67.5	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	5.6	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	5	33.3	43.0	37.7
Completely bedfast residents.	1	6.7	3.4	3.4
Residents confined to chairs.	6	40.0	49.1	50.8
Residents requiring restraints.	7	46.7	43.2	41.3
Confused or disoriented residents.	5	33.3	59.0	58.4
Residents with bed sores.	2	13.3	7.6	7.1
Residents receiving special skin care.	15	100	28.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	6.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	13	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	8	1.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	57	12.7	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	86	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	5	1.1	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	NOT MET	60	13.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	103	22.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	96	21.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	54	12.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	72	16.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	107	23.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

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		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	73	16.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	91	20.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	72	16.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	133	29.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	113	25.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	50	11.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	30	6.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	56	12.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	153	34.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	138	30.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	60	13.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	49	10.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	48	10.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	143	31.8	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	21	4.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	283	62.9	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
GRIFFETH NURSING HOME ONE

Street Address:		City and State:	
VANDERBILT ROAD RR7		MANSFIELD OH 44904	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	50	PROPRIETARY	10/27/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
48	0	29

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	41	85.4	78.6	78.3
Dressing				
Residents requiring some or total assistance in dressing.	41	85.4	81.6	76.7
Toileting				
Residents requiring some or total assistance in toileting.	32	66.7	65.9	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	33	68.8	71.1	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	33	68.8	62.7	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	8.0	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	25	52.1	33.9	29.3
Completely bedfast residents.	1	2.1	1.6	3.6
Residents confined to chairs.	22	45.8	37.3	39.1
Residents requiring restraints.	25	52.1	36.1	31.7
Confused or disoriented residents.	28	58.3	60.6	55.8
Residents with bed sores.	0	0.0	5.3	4.7
Residents receiving special skin care.	9	18.8	23.5	24.0

SELECTED PERFORMANCE INDICATORS

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		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	NOT MET	32	6.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	11	2.2	198	3.6
Each resident is free from mental and physical abuse.	MET	7	1.4	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	64	12.9	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	91	18.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	11	2.2	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.4	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	58	11.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	96	19.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	71	14.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	55	11.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	57	11.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	67	13.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	90	18.1	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	64	12.9	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	128	25.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	181	36.4	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	51	10.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	53	10.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	79	15.9	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	175	35.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	168	33.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	124	24.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	18	3.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	313	63.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
MCCAULLEY CARE CENTER

Street Address:		City and State:	
1670 CRIDER ROAD		MANSFIELD OH 44903	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	100	PROPRIETARY	10/22/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
74	0	57

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	44	59.5	78.6	78.3
Dressing				
Residents requiring some or total assistance in dressing.	44	59.5	81.6	76.7
Toileting				
Residents requiring some or total assistance in toileting.	34	45.9	65.9	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	62	83.8	71.1	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	31	41.9	62.7	59.1
Residents on individually written bowel and bladder retraining program.	28	37.8	8.0	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	30	40.5	33.9	29.3
Completely bedfast residents.	0	0.0	1.6	3.6
Residents confined to chairs.	8	10.8	37.3	39.1
Residents requiring restraints.	22	29.7	36.1	31.7
Confused or disoriented residents.	35	47.3	60.6	55.8
Residents with bed sores.	1	1.4	5.3	4.7
Residents receiving special skin care.	3	4.1	23.5	24.0

SELECTED PERFORMANCE INDICATORS

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		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	32	6.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	11	2.2	198	3.6
Each resident is free from mental and physical abuse.	MET	7	1.4	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	64	12.9	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	91	18.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	11	2.2	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.4	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	58	11.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	96	19.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	71	14.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	55	11.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	57	11.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	67	13.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	90	18.1	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	64	12.9	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	128	25.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	181	36.4	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	51	10.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	53	10.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	79	15.9	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	175	35.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	168	33.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	124	24.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	18	3.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	313	63.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
ROSEMONT NURSING HOME

Street Address:		City and State:	
1159 WYANDOTTE AVENUE		MANSFIELD OH 44906	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	24	PROPRIETARY	01/21/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
21	0	21

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	19	90.5	78.6	78.3
Dressing				
Residents requiring some or total assistance in dressing.	16	76.2	81.6	76.7
Toileting				
Residents requiring some or total assistance in toileting.	14	66.7	65.9	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	16	76.2	71.1	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	16	76.2	62.7	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	8.0	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	7	33.3	33.9	29.3
Completely bedfast residents.	0	0.0	1.6	3.6
Residents confined to chairs.	10	47.6	37.3	39.1
Residents requiring restraints.	5	23.8	36.1	31.7
Confused or disoriented residents.	17	81.0	60.6	55.8
Residents with bed sores.	3	14.3	5.3	4.7
Residents receiving special skin care.	4	19.0	23.5	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	32	6.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	11	2.2	198	3.6
Each resident is free from mental and physical abuse.	MET	7	1.4	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	64	12.9	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	91	18.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	11	2.2	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.4	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	58	11.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	96	19.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	71	14.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	55	11.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	57	11.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	67	13.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	90	18.1	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	64	12.9	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	128	25.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	181	36.4	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	51	10.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	53	10.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	79	15.9	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	175	35.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	168	33.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	124	24.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	18	3.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	313	63.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
WOODLAWN NURSING HOME

Street Address:		City and State:	
535 LEXINGON AVE		MANSFIELD OH 44907	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF/ICF	155	NON-PROFIT PRIVATE	11/16/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
22	0	15

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY #	FACILITY %	STATE %	NATION %
Bathing				
Residents requiring some or total assistance in bathing.	17	77.3	83.6	81.5
Dressing				
Residents requiring some or total assistance in dressing.	16	72.7	87.3	83.2
Toileting				
Residents requiring some or total assistance in toileting.	15	68.2	74.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	14	63.6	77.5	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	12	54.5	67.5	68.2
Residents on individually written bowel and bladder retraining program.	1	4.5	5.6	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	8	36.4	43.0	37.7
Completely bedfast residents.	0	0.0	3.4	3.4
Residents confined to chairs.	12	54.5	49.1	50.8
Residents requiring restraints.	10	45.5	43.2	41.3
Confused or disoriented residents.	10	45.5	59.0	58.4
Residents with bed sores.	0	0.0	7.6	7.1
Residents receiving special skin care.	0	0.0	28.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	NOT MET	27	6.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	13	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	8	1.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	57	12.7	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	86	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	5	1.1	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	60	13.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	103	22.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	96	21.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	54	12.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	72	16.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	107	23.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	73	16.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	91	20.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	72	16.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	133	29.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	113	25.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	50	11.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	30	6.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	56	12.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	153	34.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	138	30.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	60	13.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	49	10.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	10.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	143	31.8	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	21	4.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	283	62.9	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
MAPLE CARE CENTER

Street Address:		City and State:	
16231 BROADWAY		MAPLE HEIGHTS OH 44137	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF/ICF	100	PROPRIETARY	08/06/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
36	0	0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	36	100	83.6	81.5
Dressing				
Residents requiring some or total assistance in dressing.	29	80.6	87.3	83.2
Toileting				
Residents requiring some or total assistance in toileting.	28	77.8	74.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	22	61.1	77.5	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	16	44.4	67.5	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	5.6	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	8	22.2	43.0	37.7
Completely bedfast residents.	0	0.0	3.4	3.4
Residents confined to chairs.	19	52.8	49.1	50.8
Residents requiring restraints.	24	66.7	43.2	41.3
Confused or disoriented residents.	31	86.1	59.0	58.4
Residents with bed sores.	2	5.6	7.6	7.1
Residents receiving special skin care.	12	33.3	28.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	6.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	13	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	8	1.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	57	12.7	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	86	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	5	1.1	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	60	13.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	103	22.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	96	21.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	54	12.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	72	16.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	107	23.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	73	16.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	91	20.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	72	16.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	133	29.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	113	25.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	50	11.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	30	6.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	56	12.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	153	34.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	138	30.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	60	13.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	49	10.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	10.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	143	31.8	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	21	4.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	283	62.9	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
PEDONE NURSING CENTER

Street Address:		City and State:	
19900 CLARE AVENUE		MAPLE HEIGHTS OH 44137	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF/ICF	100	PROPRIETARY	07/31/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
95	0	57

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	52	54.7	83.6	81.5
Dressing				
Residents requiring some or total assistance in dressing.	73	76.8	87.3	83.2
Toileting				
Residents requiring some or total assistance in toileting.	58	61.1	74.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	49	51.6	77.5	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	62	65.3	67.5	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	5.6	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	27	28.4	43.0	37.7
Completely bedfast residents.	4	4.2	3.4	3.4
Residents confined to chairs.	44	46.3	49.1	50.8
Residents requiring restraints.	22	23.2	43.2	41.3
Confused or disoriented residents.	81	85.3	59.0	58.4
Residents with bed sores.	4	4.2	7.6	7.1
Residents receiving special skin care.	11	11.6	28.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	6.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	13	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	8	1.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	57	12.7	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	86	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	5	1.1	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	60	13.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	103	22.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	96	21.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	54	12.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	72	16.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	107	23.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	73	16.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	91	20.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	72	16.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	133	29.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	113	25.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	50	11.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	30	6.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	56	12.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	153	34.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	138	30.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	60	13.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	49	10.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	48	10.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	143	31.8	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	21	4.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	283	62.9	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
ARBORS AT MARIETTA

Street Address:		City and State:	
400 SEVENTH ST		MARIETTA OH 45750	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	174	PROPRIETARY	04/15/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
102	0	58

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	31	30.4	78.6	78.3
Dressing				
Residents requiring some or total assistance in dressing.	79	77.5	81.6	76.7
Toileting				
Residents requiring some or total assistance in toileting.	68	66.7	65.9	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	85	83.3	71.1	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	54	52.9	62.7	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	8.0	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	43	42.2	33.9	29.3
Completely bedfast residents.	1	1.0	1.6	3.6
Residents confined to chairs.	32	31.4	37.3	39.1
Residents requiring restraints.	30	29.4	36.1	31.7
Confused or disoriented residents.	54	52.9	60.6	55.8
Residents with bed sores.	3	2.9	5.3	4.7
Residents receiving special skin care.	46	45.1	23.5	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	32	6.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	11	2.2	198	3.6
Each resident is free from mental and physical abuse.	MET	7	1.4	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	64	12.9	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	91	18.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	11	2.2	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.4	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	58	11.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	96	19.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	71	14.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	55	11.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	57	11.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	67	13.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	90	18.1	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	64	12.9	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	128	25.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	181	36.4	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	51	10.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	53	10.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	79	15.9	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	175	35.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	168	33.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	124	24.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	18	3.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	313	63.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
HEARTLAND OF MARIETTA

Street Address:	City and State:		
ROUTE 60 DEVOLA	MARIETTA OH 45750		
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	101	PROPRIETARY	02/09/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
93	0	43

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	86	92.5	78.6	78.3
Dressing				
Residents requiring some or total assistance in dressing.	80	86.0	81.6	76.7
Toileting				
Residents requiring some or total assistance in toileting.	71	76.3	65.9	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	71	76.3	71.1	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	55	59.1	62.7	59.1
Residents on individually written bowel and bladder retraining program.	53	57.0	8.0	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	32	34.4	33.9	29.3
Completely bedfast residents.	0	0.0	1.6	3.6
Residents confined to chairs.	21	22.6	37.3	39.1
Residents requiring restraints.	42	45.2	36.1	31.7
Confused or disoriented residents.	60	64.5	60.6	55.8
Residents with bed sores.	3	3.2	5.3	4.7
Residents receiving special skin care.	10	10.8	23.5	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	32	6.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	11	2.2	198	3.6
Each resident is free from mental and physical abuse.	MET	7	1.4	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	64	12.9	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	91	18.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	11	2.2	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.4	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	58	11.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	96	19.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	71	14.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	55	11.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	57	11.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	67	13.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	90	18.1	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	64	12.9	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	128	25.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	181	36.4	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	51	10.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	53	10.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	79	15.9	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	175	35.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	168	33.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	124	24.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	18	3.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	313	63.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
MARIETTA CONV CTR

Street Address:		City and State:	
117 BARTLETT ST		MARIETTA OH 45750	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	120	PROPRIETARY	05/07/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
117	0	88

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	88	75.2	78.6	78.3
Dressing				
Residents requiring some or total assistance in dressing.	96	82.1	81.6	76.7
Toileting				
Residents requiring some or total assistance in toileting.	76	65.0	65.9	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	73	62.4	71.1	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	76	65.0	62.7	59.1
Residents on individually written bowel and bladder retraining program.	1	0.9	8.0	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	90	76.9	33.9	29.3
Completely bedfast residents.	0	0.0	1.6	3.6
Residents confined to chairs.	54	46.2	37.3	39.1
Residents requiring restraints.	2	1.7	36.1	31.7
Confused or disoriented residents.	5	4.3	60.6	55.8
Residents with bed sores.	0	0.0	5.3	4.7
Residents receiving special skin care.	0	0.0	23.5	24.0

SELECTED PERFORMANCE INDICATORS

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		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	32	6.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	11	2.2	198	3.6
Each resident is free from mental and physical abuse.	MET	7	1.4	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	64	12.9	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	91	18.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	11	2.2	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.4	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	58	11.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	96	19.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	71	14.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	55	11.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	57	11.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	67	13.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	90	18.1	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	64	12.9	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	128	25.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	181	36.4	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	51	10.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	53	10.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	79	15.9	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	175	35.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	168	33.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	124	24.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	18	3.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	313	63.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
THE ARBORS AT MARIETTA

Street Address:		City and State:	
400 SEVENTH STREET		MARIETTA OH 45750	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF/ICF	174	PROPRIETARY	02/18/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
125	2	84

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	112	89.6	83.6	81.5
Dressing				
Residents requiring some or total assistance in dressing.	110	88.0	87.3	83.2
Toileting				
Residents requiring some or total assistance in toileting.	99	79.2	74.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	103	82.4	77.5	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	73	58.4	67.5	68.2
Residents on individually written bowel and bladder retraining program.	4	3.2	5.6	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	26	20.8	43.0	37.7
Completely bedfast residents.	2	1.6	3.4	3.4
Residents confined to chairs.	35	28.0	49.1	50.8
Residents requiring restraints.	38	30.4	43.2	41.3
Confused or disoriented residents.	69	55.2	59.0	58.4
Residents with bed sores.	5	4.0	7.6	7.1
Residents receiving special skin care.	40	32.0	28.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	6.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	13	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	8	1.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	57	12.7	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	86	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	5	1.1	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	60	13.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	103	22.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	96	21.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	54	12.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	72	16.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	107	23.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	73	16.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	91	20.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	72	16.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	133	29.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	113	25.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	50	11.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	30	6.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	56	12.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	153	34.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	138	30.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	60	13.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	49	10.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	10.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	143	31.8	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	21	4.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	283	62.9	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
THE MARIE ANTOINETTE PAVILLION

Street Address:		City and State:	
355 PUTNAM AVENUE		MARIETTA OH 45750	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	50	PROPRIETARY	01/15/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
50	0	43

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	45	90.0	78.6	78.3
Dressing				
Residents requiring some or total assistance in dressing.	45	90.0	81.6	76.7
Toileting				
Residents requiring some or total assistance in toileting.	41	82.0	65.9	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	35	70.0	71.1	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	45	90.0	62.7	59.1
Residents on individually written bowel and bladder retraining program.	22	44.0	8.0	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	17	34.0	33.9	29.3
Completely bedfast residents.	3	6.0	1.6	3.6
Residents confined to chairs.	30	60.0	37.3	39.1
Residents requiring restraints.	17	34.0	36.1	31.7
Confused or disoriented residents.	24	48.0	60.6	55.8
Residents with bed sores.	0	0.0	5.3	4.7
Residents receiving special skin care.	2	4.0	23.5	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	32	6.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	11	2.2	198	3.6
Each resident is free from mental and physical abuse.	MET	7	1.4	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	64	12.9	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	91	18.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	11	2.2	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.4	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	58	11.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	96	19.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	71	14.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	55	11.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	57	11.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	67	13.5	700	12.8

SELECTED PERFORMANCE INDICATORS

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		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	90	18.1	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	64	12.9	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	128	25.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	181	36.4	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	51	10.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	53	10.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	79	15.9	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	175	35.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	168	33.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	124	24.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	18	3.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	313	63.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
AMERICARE-MARION NURSING AND REHAB CTR

Street Address:		City and State:	
524 JAMES WAY		MARION OH 43302	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF/ICF	100	PROPRIETARY	10/22/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
21	7	13

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY #	FACILITY %	STATE %	NATION %
Bathing				
Residents requiring some or total assistance in bathing.	20	95.2	83.6	81.5
Dressing				
Residents requiring some or total assistance in dressing.	19	90.5	87.3	83.2
Toileting				
Residents requiring some or total assistance in toileting.	20	95.2	74.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	20	95.2	77.5	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	14	66.7	67.5	68.2
Residents on individually written bowel and bladder retraining program.	5	23.8	5.6	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	11	52.4	43.0	37.7
Completely bedfast residents.	3	14.3	3.4	3.4
Residents confined to chairs.	5	23.8	49.1	50.8
Residents requiring restraints.	6	28.6	43.2	41.3
Confused or disoriented residents.	15	71.4	59.0	58.4
Residents with bed sores.	2	9.5	7.6	7.1
Residents receiving special skin care.	7	33.3	28.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	6.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	13	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	8	1.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	57	12.7	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	86	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	5	1.1	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	60	13.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	103	22.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	96	21.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	54	12.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	72	16.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	107	23.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	73	16.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	91	20.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	72	16.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	133	29.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	113	25.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	50	11.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	30	6.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	56	12.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	153	34.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	138	30.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	60	13.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	49	10.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	10.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	143	31.8	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	21	4.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	283	62.9	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
COMMUNITY NURSING CENTER

Street Address:		City and State:	
175 COMMUNITY DRIVE		MARION OH 43302	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF/ICF	109	PROPRIETARY	09/23/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
7	2	5

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	7	100	83.6	81.5
Dressing				
Residents requiring some or total assistance in dressing.	7	100	87.3	83.2
Toileting				
Residents requiring some or total assistance in toileting.	7	100	74.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	7	100	77.5	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	7	100	67.5	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	5.6	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	7	100	43.0	37.7
Completely bedfast residents.	3	42.9	3.4	3.4
Residents confined to chairs.	5	71.4	49.1	50.8
Residents requiring restraints.	7	100	43.2	41.3
Confused or disoriented residents.	7	100	59.0	58.4
Residents with bed sores.	1	14.3	7.6	7.1
Residents receiving special skin care.	7	100	28.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	6.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	13	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	8	1.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	57	12.7	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	86	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	5	1.1	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	60	13.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	103	22.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	96	21.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	54	12.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	72	16.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	107	23.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	73	16.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	91	20.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	72	16.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	133	29.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	113	25.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	50	11.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	30	6.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	56	12.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	153	34.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	138	30.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	60	13.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	49	10.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	10.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	143	31.8	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	21	4.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	283	62.9	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
EAST LAWN MANOR

Street Address:		City and State:	
1422 MT VERNON AVE		MARION OH 43302	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF/ICF	139	LOCAL GOVERNMENT	12/09/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
20	3	12

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	20	100	83.6	81.5
Dressing				
Residents requiring some or total assistance in dressing.	20	100	87.3	83.2
Toileting				
Residents requiring some or total assistance in toileting.	20	100	74.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	20	100	77.5	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	18	90.0	67.5	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	5.6	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	20	100	43.0	37.7
Completely bedfast residents.	2	10.0	3.4	3.4
Residents confined to chairs.	6	30.0	49.1	50.8
Residents requiring restraints.	15	75.0	43.2	41.3
Confused or disoriented residents.	6	30.0	59.0	58.4
Residents with bed sores.	5	25.0	7.6	7.1
Residents receiving special skin care.	8	40.0	28.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	6.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	13	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	8	1.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	57	12.7	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	86	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	5	1.1	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	60	13.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	103	22.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	96	21.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	54	12.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	72	16.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	107	23.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	73	16.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	91	20.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	72	16.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	133	29.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	113	25.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	50	11.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	30	6.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	56	12.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	153	34.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	138	30.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	60	13.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	49	10.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	10.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	143	31.8	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	21	4.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	283	62.9	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
HILLSIDE NURSING HOME

Street Address:		City and State:	
333 NORTH PROSPECT STREET		MARION OH 43302	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	24	PROPRIETARY	09/20/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
22	0	21

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	11	50.0	78.6	78.3
Dressing				
Residents requiring some or total assistance in dressing.	12	54.5	81.6	76.7
Toileting				
Residents requiring some or total assistance in toileting.	9	40.9	65.9	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	5	22.7	71.1	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	11	50.0	62.7	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	8.0	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	4	18.2	33.9	29.3
Completely bedfast residents.	0	0.0	1.6	3.6
Residents confined to chairs.	3	13.6	37.3	39.1
Residents requiring restraints.	6	27.3	36.1	31.7
Confused or disoriented residents.	15	68.2	60.6	55.8
Residents with bed sores.	1	4.5	5.3	4.7
Residents receiving special skin care.	9	40.9	23.5	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	32	6.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	11	2.2	198	3.6
Each resident is free from mental and physical abuse.	MET	7	1.4	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	64	12.9	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	91	18.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	11	2.2	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.4	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	58	11.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	96	19.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	71	14.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	55	11.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	57	11.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	67	13.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	90	18.1	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	64	12.9	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	128	25.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	181	36.4	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	51	10.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	53	10.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	79	15.9	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	175	35.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	168	33.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	124	24.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	18	3.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	313	63.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
MAPLEWOOD NURSING CENTER

Street Address:		City and State:	
409 BELLFONTAINE AVENUE		MARION OH 43302	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF/ICF	50	PROPRIETARY	10/16/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
47	0	28

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	31	66.0	83.6	81.5
Dressing				
Residents requiring some or total assistance in dressing.	47	100	87.3	83.2
Toileting				
Residents requiring some or total assistance in toileting.	40	85.1	74.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	40	85.1	77.5	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	35	74.5	67.5	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	5.6	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	30	63.8	43.0	37.7
Completely bedfast residents.	0	0.0	3.4	3.4
Residents confined to chairs.	25	53.2	49.1	50.8
Residents requiring restraints.	14	29.8	43.2	41.3
Confused or disoriented residents.	31	66.0	59.0	58.4
Residents with bed sores.	1	2.1	7.6	7.1
Residents receiving special skin care.	10	21.3	28.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	6.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	13	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	8	1.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	57	12.7	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	86	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	5	1.1	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	60	13.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	103	22.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	96	21.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	54	12.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	72	16.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	107	23.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	73	16.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	91	20.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	72	16.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	133	29.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	113	25.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	50	11.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	30	6.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	56	12.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	153	34.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	138	30.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	60	13.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	49	10.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	10.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	143	31.8	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	21	4.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	283	62.9	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
MARION MANOR NURSING HOME INC

Street Address:		City and State:	
195 EXECUTIVE DRIVE		MARION OH 43302	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF/ICF	100	PROPRIETARY	08/20/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
94	4	48

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	91	96.8	83.6	81.5
Dressing				
Residents requiring some or total assistance in dressing.	89	94.7	87.3	83.2
Toileting				
Residents requiring some or total assistance in toileting.	79	84.0	74.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	78	83.0	77.5	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	68	72.3	67.5	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	5.6	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	38	40.4	43.0	37.7
Completely bedfast residents.	4	4.3	3.4	3.4
Residents confined to chairs.	64	68.1	49.1	50.8
Residents requiring restraints.	50	53.2	43.2	41.3
Confused or disoriented residents.	60	63.8	59.0	58.4
Residents with bed sores.	5	5.3	7.6	7.1
Residents receiving special skin care.	5	5.3	28.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	6.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	13	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	8	1.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	57	12.7	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	86	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	5	1.1	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	NOT MET	60	13.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	103	22.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	96	21.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	54	12.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	72	16.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	107	23.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	73	16.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	91	20.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	72	16.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	133	29.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	113	25.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	50	11.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	30	6.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	56	12.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	153	34.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	138	30.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	60	13.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	49	10.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	10.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	143	31.8	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	21	4.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	283	62.9	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
MORNINGVIEW CARE CENTER OF MARION

Street Address:		City and State:	
677 W MARION CARDINGTON ROAD		MARION OH 43302	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	30	PROPRIETARY	10/08/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
28	0	23

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	19	67.9	78.6	78.3
Dressing				
Residents requiring some or total assistance in dressing.	20	71.4	81.6	76.7
Toileting				
Residents requiring some or total assistance in toileting.	12	42.9	65.9	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	10	35.7	71.1	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	21	75.0	62.7	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	8.0	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	6	21.4	33.9	29.3
Completely bedfast residents.	0	0.0	1.6	3.6
Residents confined to chairs.	7	25.0	37.3	39.1
Residents requiring restraints.	7	25.0	36.1	31.7
Confused or disoriented residents.	13	46.4	60.6	55.8
Residents with bed sores.	2	7.1	5.3	4.7
Residents receiving special skin care.	9	32.1	23.5	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	32	6.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	11	2.2	198	3.6
Each resident is free from mental and physical abuse.	MET	7	1.4	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	64	12.9	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	91	18.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	11	2.2	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.4	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	58	11.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	96	19.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	71	14.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	55	11.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	57	11.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	67	13.5	700	12.8

SELECTED PERFORMANCE INDICATORS

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		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	90	18.1	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	64	12.9	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	128	25.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	181	36.4	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	51	10.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	53	10.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	79	15.9	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	175	35.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	168	33.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	124	24.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	18	3.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	313	63.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
EAST OHIO REGIONAL HOSP LTC UNIT

Street Address:		City and State:	
90 N 4 STREET		MARTINS FERRY OH 43935	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF/ICF	75	NON-PROFIT OTHER	10/16/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
75	4	28

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	59	78.7	83.6	81.5
Dressing				
Residents requiring some or total assistance in dressing.	66	88.0	87.3	83.2
Toileting				
Residents requiring some or total assistance in toileting.	62	82.7	74.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	61	81.3	77.5	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	61	81.3	67.5	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	5.6	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	24	32.0	43.0	37.7
Completely bedfast residents.	5	6.7	3.4	3.4
Residents confined to chairs.	37	49.3	49.1	50.8
Residents requiring restraints.	39	52.0	43.2	41.3
Confused or disoriented residents.	43	57.3	59.0	58.4
Residents with bed sores.	2	2.7	7.6	7.1
Residents receiving special skin care.	18	24.0	28.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	6.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	13	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	8	1.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	57	12.7	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	86	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	5	1.1	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	60	13.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	103	22.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	96	21.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	54	12.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	72	16.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	107	23.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

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		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	73	16.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	91	20.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	72	16.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	133	29.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	113	25.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	50	11.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	30	6.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	56	12.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	153	34.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	138	30.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	60	13.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	49	10.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	10.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	143	31.8	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	21	4.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	283	62.9	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
VALLEY VIEW NURSING HOME

Street Address:		City and State:	
56143 COLERAIN PIKE		MARTINS FERRY OH 43935	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	25	PROPRIETARY	02/11/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
25	0	19

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	23	92.0	78.6	78.3
Dressing				
Residents requiring some or total assistance in dressing.	23	92.0	81.6	76.7
Toileting				
Residents requiring some or total assistance in toileting.	16	64.0	65.9	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	17	68.0	71.1	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	23	92.0	62.7	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	8.0	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	9	36.0	33.9	29.3
Completely bedfast residents.	0	0.0	1.6	3.6
Residents confined to chairs.	13	52.0	37.3	39.1
Residents requiring restraints.	15	60.0	36.1	31.7
Confused or disoriented residents.	0	0.0	60.6	55.8
Residents with bed sores.	0	0.0	5.3	4.7
Residents receiving special skin care.	0	0.0	23.5	24.0

SELECTED PERFORMANCE INDICATORS

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		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	32	6.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	11	2.2	198	3.6
Each resident is free from mental and physical abuse.	MET	7	1.4	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	64	12.9	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	91	18.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	11	2.2	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.4	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	58	11.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	96	19.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	71	14.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	55	11.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	57	11.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	67	13.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	90	18.1	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	64	12.9	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	128	25.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	181	36.4	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	51	10.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	53	10.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	79	15.9	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	175	35.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	168	33.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	124	24.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	18	3.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	313	63.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
HEARTLAND OF MARYSVILLE

Street Address:		City and State:	
755 SOUTH PLUM STREET		MARYSVILLE OH 43040	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF/ICF	100	PROPRIETARY	11/05/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
94	0	58

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY #	FACILITY %	STATE %	NATION %
Bathing				
Residents requiring some or total assistance in bathing.	94	100	83.6	81.5
Dressing				
Residents requiring some or total assistance in dressing.	75	79.8	87.3	83.2
Toileting				
Residents requiring some or total assistance in toileting.	68	72.3	74.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	94	100	77.5	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	68	72.3	67.5	68.2
Residents on individually written bowel and bladder retraining program.	4	4.3	5.6	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	33	35.1	43.0	37.7
Completely bedfast residents.	0	0.0	3.4	3.4
Residents confined to chairs.	53	56.4	49.1	50.8
Residents requiring restraints.	29	30.9	43.2	41.3
Confused or disoriented residents.	52	55.3	59.0	58.4
Residents with bed sores.	1	1.1	7.6	7.1
Residents receiving special skin care.	4	4.3	28.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	6.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	13	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	8	1.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	57	12.7	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	86	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	5	1.1	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	60	13.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	103	22.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	96	21.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	54	12.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	72	16.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	107	23.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	73	16.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	91	20.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	72	16.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	133	29.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	113	25.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	50	11.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	30	6.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	56	12.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	153	34.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	138	30.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	60	13.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	49	10.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	10.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	143	31.8	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	21	4.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	283	62.9	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
MILCREST NURSING CENTER

Street Address:		City and State:	
730 MILCREST DRIVE		MARYSVILLE OH 43040	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF/ICF	50	PROPRIETARY	04/21/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
48	1	26

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	36	75.0	83.6	81.5
Dressing				
Residents requiring some or total assistance in dressing.	42	87.5	87.3	83.2
Toileting				
Residents requiring some or total assistance in toileting.	28	58.3	74.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	30	62.5	77.5	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	24	50.0	67.5	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	5.6	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	14	29.2	43.0	37.7
Completely bedfast residents.	4	8.3	3.4	3.4
Residents confined to chairs.	25	52.1	49.1	50.8
Residents requiring restraints.	13	27.1	43.2	41.3
Confused or disoriented residents.	35	72.9	59.0	58.4
Residents with bed sores.	3	6.3	7.6	7.1
Residents receiving special skin care.	25	52.1	28.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	NOT MET	27	6.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	13	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	8	1.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	57	12.7	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	86	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	5	1.1	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	60	13.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	103	22.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	96	21.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	54	12.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	72	16.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	107	23.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	73	16.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	91	20.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	72	16.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	133	29.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	113	25.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	50	11.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	30	6.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	56	12.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	153	34.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	138	30.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	60	13.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	49	10.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	10.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	143	31.8	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	21	4.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	283	62.9	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
UNION MANOR

Street Address:		City and State:	
18000 S R 4		MARYSVILLE OH 43040	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	112	LOCAL GOVERNMENT	11/25/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
104	0	64

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	88	84.6	78.6	78.3
Dressing				
Residents requiring some or total assistance in dressing.	78	75.0	81.6	76.7
Toileting				
Residents requiring some or total assistance in toileting.	64	61.5	65.9	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	66	63.5	71.1	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	65	62.5	62.7	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	8.0	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	39	37.5	33.9	29.3
Completely bedfast residents.	1	1.0	1.6	3.6
Residents confined to chairs.	60	57.7	37.3	39.1
Residents requiring restraints.	48	46.2	36.1	31.7
Confused or disoriented residents.	51	49.0	60.6	55.8
Residents with bed sores.	1	1.0	5.3	4.7
Residents receiving special skin care.	60	57.7	23.5	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	32	6.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	11	2.2	198	3.6
Each resident is free from mental and physical abuse.	MET	7	1.4	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	64	12.9	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	91	18.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	11	2.2	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.4	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	58	11.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	96	19.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	71	14.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	55	11.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	57	11.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	67	13.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	90	18.1	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	64	12.9	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	128	25.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	181	36.4	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	51	10.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	53	10.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	79	15.9	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	175	35.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	168	33.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	124	24.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	18	3.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	313	63.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
EDGEWOOD MANOR OF MASON

Street Address:		City and State:	
5640 COX SMITH RD BOX 286		MASON OH 45040	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	50	PROPRIETARY	10/09/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
43	0	32

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY #	FACILITY %	STATE %	NATION %
Bathing				
Residents requiring some or total assistance in bathing.	35	81.4	78.6	78.3
Dressing				
Residents requiring some or total assistance in dressing.	34	79.1	81.6	76.7
Toileting				
Residents requiring some or total assistance in toileting.	29	67.4	65.9	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	28	65.1	71.1	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	25	58.1	62.7	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	8.0	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	18	41.9	33.9	29.3
Completely bedfast residents.	0	0.0	1.6	3.6
Residents confined to chairs.	0	0.0	37.3	39.1
Residents requiring restraints.	0	0.0	36.1	31.7
Confused or disoriented residents.	31	72.1	60.6	55.8
Residents with bed sores.	7	16.3	5.3	4.7
Residents receiving special skin care.	7	16.3	23.5	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	32	6.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	11	2.2	198	3.6
Each resident is free from mental and physical abuse.	MET	7	1.4	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	64	12.9	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	91	18.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	11	2.2	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.4	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	58	11.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	96	19.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	71	14.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	55	11.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	57	11.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	67	13.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	90	18.1	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	64	12.9	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	128	25.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	181	36.4	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	51	10.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	53	10.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	79	15.9	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	175	35.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	168	33.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	124	24.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	18	3.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	313	63.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
HANOVER HOUSE INC

Street Address:		City and State:	
435 AVIS AVENUE		MASSILLON OH 44646	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF/ICF	200	PROPRIETARY	06/11/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
36	2	25

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	34	94.4	83.6	81.5
Dressing				
Residents requiring some or total assistance in dressing.	36	100	87.3	83.2
Toileting				
Residents requiring some or total assistance in toileting.	33	91.7	74.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	34	94.4	77.5	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	31	86.1	67.5	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	5.6	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	25	69.4	43.0	37.7
Completely bedfast residents.	2	5.6	3.4	3.4
Residents confined to chairs.	30	83.3	49.1	50.8
Residents requiring restraints.	19	52.8	43.2	41.3
Confused or disoriented residents.	30	83.3	59.0	58.4
Residents with bed sores.	5	13.9	7.6	7.1
Residents receiving special skin care.	27	75.0	28.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	6.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	13	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	8	1.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	57	12.7	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	86	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	5	1.1	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	60	13.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	103	22.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	96	21.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	54	12.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	72	16.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	107	23.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	73	16.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	91	20.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	72	16.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	133	29.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	113	25.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	50	11.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	30	6.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	56	12.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	153	34.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	138	30.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	60	13.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	49	10.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	10.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	143	31.8	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	21	4.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	283	62.9	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
HOSPITALITY HOUSE

Street Address:		City and State:	
205 ROHR AVENUE N W		MASSILLON OH 44646	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	28	PROPRIETARY	06/03/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
27	0	12

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	26	96.3	78.6	78.3
Dressing				
Residents requiring some or total assistance in dressing.	26	96.3	81.6	76.7
Toileting				
Residents requiring some or total assistance in toileting.	22	81.5	65.9	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	23	85.2	71.1	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	10	37.0	62.7	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	8.0	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	8	29.6	33.9	29.3
Completely bedfast residents.	0	0.0	1.6	3.6
Residents confined to chairs.	15	55.6	37.3	39.1
Residents requiring restraints.	4	14.8	36.1	31.7
Confused or disoriented residents.	11	40.7	60.6	55.8
Residents with bed sores.	1	3.7	5.3	4.7
Residents receiving special skin care.	6	22.2	23.5	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	32	6.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	11	2.2	198	3.6
Each resident is free from mental and physical abuse.	MET	7	1.4	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	64	12.9	564	10.3
Each resident is given privacy during treatment and care of personal needs.	NOT MET	91	18.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	11	2.2	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.4	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	58	11.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	96	19.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	71	14.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	55	11.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	57	11.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	67	13.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	90	18.1	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	64	12.9	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	128	25.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	181	36.4	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	51	10.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	53	10.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	79	15.9	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	175	35.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	168	33.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	124	24.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	18	3.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	313	63.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
MEADOW WIND HEALTH CARE CENTER

Street Address:		City and State:	
300 23RD STREET NE		MASSILLON OH 44646	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF/ICF	100	PROPRIETARY	07/23/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
95	4	60

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	84	88.4	83.6	81.5
Dressing				
Residents requiring some or total assistance in dressing.	90	94.7	87.3	83.2
Toileting				
Residents requiring some or total assistance in toileting.	75	78.9	74.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	68	71.6	77.5	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	60	63.2	67.5	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	5.6	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	43	45.3	43.0	37.7
Completely bedfast residents.	0	0.0	3.4	3.4
Residents confined to chairs.	33	34.7	49.1	50.8
Residents requiring restraints.	37	38.9	43.2	41.3
Confused or disoriented residents.	68	71.6	59.0	58.4
Residents with bed sores.	19	20.0	7.6	7.1
Residents receiving special skin care.	18	18.9	28.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	6.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	13	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	8	1.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	57	12.7	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	86	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	5	1.1	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	60	13.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	103	22.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	96	21.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	54	12.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	72	16.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	107	23.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	73	16.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	91	20.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	72	16.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	133	29.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	113	25.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	50	11.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	30	6.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	56	12.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	153	34.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	138	30.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	60	13.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	49	10.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	10.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	143	31.8	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	21	4.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	283	62.9	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
ROSE LANE HEALTH CENTER

Street Address:		City and State:	
5425 HIGH MILL AVENUE N W		MASSILLON OH 44646	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF/ICF	187	PROPRIETARY	09/14/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
52	0	48

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	47	90.4	83.6	81.5
Dressing				
Residents requiring some or total assistance in dressing.	47	90.4	87.3	83.2
Toileting				
Residents requiring some or total assistance in toileting.	45	86.5	74.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	42	80.8	77.5	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	37	71.2	67.5	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	5.6	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	26	50.0	43.0	37.7
Completely bedfast residents.	2	3.8	3.4	3.4
Residents confined to chairs.	26	50.0	49.1	50.8
Residents requiring restraints.	26	50.0	43.2	41.3
Confused or disoriented residents.	23	44.2	59.0	58.4
Residents with bed sores.	9	17.3	7.6	7.1
Residents receiving special skin care.	30	57.7	28.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	6.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	13	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	8	1.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	57	12.7	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	86	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	5	1.1	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	60	13.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	103	22.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	96	21.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	54	12.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	72	16.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	107	23.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	73	16.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	91	20.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	72	16.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	133	29.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	113	25.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	50	11.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	30	6.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	56	12.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	153	34.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	138	30.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	60	13.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	49	10.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	10.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	143	31.8	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	21	4.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	283	62.9	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
SHALEM REST HOME

Street Address:		City and State:	
906 16TH ST SE		MASSILLON OH 44646	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	19	PROPRIETARY	07/09/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
17	0	17

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	2	11.8	78.6	78.3
Dressing				
Residents requiring some or total assistance in dressing.	5	29.4	81.6	76.7
Toileting				
Residents requiring some or total assistance in toileting.	8	47.1	65.9	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	11	64.7	71.1	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	8	47.1	62.7	59.1
Residents on individually written bowel and bladder retraining program.	2	11.8	8.0	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	17	100	33.9	29.3
Completely bedfast residents.	0	0.0	1.6	3.6
Residents confined to chairs.	2	11.8	37.3	39.1
Residents requiring restraints.	0	0.0	36.1	31.7
Confused or disoriented residents.	16	94.1	60.6	55.8
Residents with bed sores.	0	0.0	5.3	4.7
Residents receiving special skin care.	0	0.0	23.5	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	32	6.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	11	2.2	198	3.6
Each resident is free from mental and physical abuse.	MET	7	1.4	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	64	12.9	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	91	18.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	11	2.2	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.4	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	58	11.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	96	19.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	71	14.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	55	11.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	57	11.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	67	13.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	90	18.1	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	64	12.9	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	128	25.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	181	36.4	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	51	10.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	53	10.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	79	15.9	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	175	35.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	168	33.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	124	24.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	18	3.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	313	63.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
WALNUT HILLS PAVILLION

Street Address:		City and State:	
1236 HURON ROAD S E		MASSILLON OH 44646	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	23	PROPRIETARY	09/25/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
22	0	21

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	12	54.5	78.6	78.3
Dressing				
Residents requiring some or total assistance in dressing.	13	59.1	81.6	76.7
Toileting				
Residents requiring some or total assistance in toileting.	8	36.4	65.9	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	14	63.6	71.1	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	8	36.4	62.7	59.1
Residents on individually written bowel and bladder retraining program.	8	36.4	8.0	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	2	9.1	33.9	29.3
Completely bedfast residents.	0	0.0	1.6	3.6
Residents confined to chairs.	1	4.5	37.3	39.1
Residents requiring restraints.	0	0.0	36.1	31.7
Confused or disoriented residents.	21	95.5	60.6	55.8
Residents with bed sores.	0	0.0	5.3	4.7
Residents receiving special skin care.	2	9.1	23.5	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	32	6.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	11	2.2	198	3.6
Each resident is free from mental and physical abuse.	MET	7	1.4	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	64	12.9	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	91	18.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	11	2.2	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.4	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	58	11.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	96	19.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	71	14.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	55	11.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	57	11.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	67	13.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	90	18.1	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	64	12.9	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	128	25.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	181	36.4	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	51	10.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	53	10.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	79	15.9	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	175	35.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	168	33.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	124	24.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	18	3.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	313	63.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
O'BRIEN MEMORIAL NURSING HOME

Street Address:		City and State:	
563 BROOKFIELD AVE SE		MASURY OH 44438	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF/ICF	159	NON-PROFIT PRIVATE	02/24/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
152	0	129

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	130	85.5	83.6	81.5
Dressing				
Residents requiring some or total assistance in dressing.	130	85.5	87.3	83.2
Toileting				
Residents requiring some or total assistance in toileting.	125	82.2	74.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	120	78.9	77.5	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	125	82.2	67.5	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	5.6	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	100	65.8	43.0	37.7
Completely bedfast residents.	10	6.6	3.4	3.4
Residents confined to chairs.	102	67.1	49.1	50.8
Residents requiring restraints.	95	62.5	43.2	41.3
Confused or disoriented residents.	112	73.7	59.0	58.4
Residents with bed sores.	17	11.2	7.6	7.1
Residents receiving special skin care.	30	19.7	28.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	6.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	13	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	8	1.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	57	12.7	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	86	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	5	1.1	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	60	13.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	103	22.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	96	21.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	54	12.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	72	16.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	107	23.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	73	16.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	91	20.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	72	16.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	133	29.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	113	25.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	50	11.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	30	6.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	56	12.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	153	34.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	138	30.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	60	13.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	49	10.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	10.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	143	31.8	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	21	4.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	283	62.9	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
ORANGE VILLAGE CARE CENTER

Street Address:	City and State:		
8055 ADDISON RD S E	MASURY OH 44438		
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	116	PROPRIETARY	10/16/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
74	0	59

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	71	95.9	78.6	78.3
Dressing				
Residents requiring some or total assistance in dressing.	71	95.9	81.6	76.7
Toileting				
Residents requiring some or total assistance in toileting.	65	87.8	65.9	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	65	87.8	71.1	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	65	87.8	62.7	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	8.0	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	28	37.8	33.9	29.3
Completely bedfast residents.	0	0.0	1.6	3.6
Residents confined to chairs.	29	39.2	37.3	39.1
Residents requiring restraints.	54	73.0	36.1	31.7
Confused or disoriented residents.	74	100	60.6	55.8
Residents with bed sores.	17	23.0	5.3	4.7
Residents receiving special skin care.	28	37.8	23.5	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	32	6.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	11	2.2	198	3.6
Each resident is free from mental and physical abuse.	MET	7	1.4	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	64	12.9	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	91	18.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	11	2.2	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.4	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	58	11.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	96	19.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	71	14.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	55	11.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	57	11.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	67	13.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	90	18.1	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	64	12.9	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	128	25.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	181	36.4	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	51	10.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	53	10.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	79	15.9	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	175	35.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	168	33.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	124	24.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	18	3.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	313	63.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
ELIZABETH SCOTT MEMORIAL CARE CENTER

Street Address:		City and State:	
2720 ALBON RD		MAUMEE OH 43537	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	50	PROPRIETARY	12/23/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
49	0	23

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	49	100	78.6	78.3
Dressing				
Residents requiring some or total assistance in dressing.	43	87.8	81.6	76.7
Toileting				
Residents requiring some or total assistance in toileting.	39	79.6	65.9	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	37	75.5	71.1	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	31	63.3	62.7	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	8.0	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	19	38.8	33.9	29.3
Completely bedfast residents.	0	0.0	1.6	3.6
Residents confined to chairs.	36	73.5	37.3	39.1
Residents requiring restraints.	29	59.2	36.1	31.7
Confused or disoriented residents.	27	55.1	60.6	55.8
Residents with bed sores.	0	0.0	5.3	4.7
Residents receiving special skin care.	7	14.3	23.5	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	32	6.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	11	2.2	198	3.6
Each resident is free from mental and physical abuse.	MET	7	1.4	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	64	12.9	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	91	18.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	11	2.2	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.4	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	58	11.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	96	19.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	71	14.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	55	11.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	57	11.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	67	13.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	90	18.1	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	64	12.9	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	128	25.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	181	36.4	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	51	10.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	53	10.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	79	15.9	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	175	35.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	168	33.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	124	24.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	18	3.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	313	63.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
MANOR CARE CENTER

Street Address:	City and State:		
6757 MAYFIELD ROAD	MAYFIELD HEIGHTS OH 44124		
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE SNF/ICF	150	PROPRIETARY	03/23/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
14	5	0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	14	100	83.6	81.5
Dressing Residents requiring some or total assistance in dressing.	14	100	87.3	83.2
Toileting Residents requiring some or total assistance in toileting.	13	92.9	74.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	14	100	77.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	13	92.9	67.5	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	5.6	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	9	64.3	43.0	37.7
Completely bedfast residents.	0	0.0	3.4	3.4
Residents confined to chairs.	5	35.7	49.1	50.8
Residents requiring restraints.	6	42.9	43.2	41.3
Confused or disoriented residents.	12	85.7	59.0	58.4
Residents with bed sores.	3	21.4	7.6	7.1
Residents receiving special skin care.	0	0.0	28.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	6.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	13	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	8	1.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	57	12.7	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	86	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	5	1.1	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	60	13.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	103	22.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	96	21.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	54	12.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	72	16.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	107	23.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	73	16.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	91	20.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	72	16.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	133	29.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	113	25.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	50	11.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	30	6.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	56	12.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	153	34.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	138	30.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	60	13.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	49	10.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	10.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	143	31.8	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	21	4.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	283	62.9	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
RENDEZVOUS MEDI-HOME

Street Address:		City and State:	
RT 2 BOX 135		MC DERMOTT OH 45652	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	46	PROPRIETARY	02/04/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
41	0	36

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	28	68.3	78.6	78.3
Dressing				
Residents requiring some or total assistance in dressing.	31	75.6	81.6	76.7
Toileting				
Residents requiring some or total assistance in toileting.	29	70.7	65.9	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	30	73.2	71.1	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	21	51.2	62.7	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	8.0	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	14	34.1	33.9	29.3
Completely bedfast residents.	0	0.0	1.6	3.6
Residents confined to chairs.	17	41.5	37.3	39.1
Residents requiring restraints.	25	61.0	36.1	31.7
Confused or disoriented residents.	15	36.6	60.6	55.8
Residents with bed sores.	1	2.4	5.3	4.7
Residents receiving special skin care.	23	56.1	23.5	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	32	6.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	11	2.2	198	3.6
Each resident is free from mental and physical abuse.	MET	7	1.4	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	64	12.9	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	91	18.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	11	2.2	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.4	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	58	11.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	96	19.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	71	14.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	55	11.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	57	11.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	67	13.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	90	18.1	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	64	12.9	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	128	25.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	181	36.4	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	51	10.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	53	10.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	79	15.9	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	175	35.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	168	33.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	124	24.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	18	3.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	313	63.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
REST HAVEN NURSING HOME

Street Address:		City and State:	
BAKER STREET		MC DERMOTT OH 45652	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	23	STATE GOVERNMENT	08/14/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
23	0	23

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	23	100	78.6	78.3
Dressing				
Residents requiring some or total assistance in dressing.	23	100	81.6	76.7
Toileting				
Residents requiring some or total assistance in toileting.	20	87.0	65.9	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	21	91.3	71.1	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	22	95.7	62.7	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	8.0	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	8	34.8	33.9	29.3
Completely bedfast residents.	0	0.0	1.6	3.6
Residents confined to chairs.	7	30.4	37.3	39.1
Residents requiring restraints.	6	26.1	36.1	31.7
Confused or disoriented residents.	23	100	60.6	55.8
Residents with bed sores.	0	0.0	5.3	4.7
Residents receiving special skin care.	10	43.5	23.5	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	32	6.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	11	2.2	198	3.6
Each resident is free from mental and physical abuse.	MET	7	1.4	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	64	12.9	564	10.3
Each resident is given privacy during treatment and care of personal needs.	NOT MET	91	18.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	11	2.2	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.4	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	58	11.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	96	19.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	NOT MET	71	14.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	55	11.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	57	11.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	67	13.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	90	18.1	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	64	12.9	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	128	25.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	181	36.4	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	51	10.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	53	10.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	79	15.9	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	175	35.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	168	33.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	124	24.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	18	3.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	313	63.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
TWIN MAPLES NURSING HOME INC

Street Address:		City and State:	
RT 1 S R 93 N		MCARTHUR OH 45651	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	42	PROPRIETARY	04/24/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
33	0	31

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inapprcpriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	33	100	78.6	78.3
Dressing				
Residents requiring some or total assistance in dressing.	33	100	81.6	76.7
Toileting				
Residents requiring some or total assistance in toileting.	15	45.5	65.9	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	10	30.3	71.1	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	16	48.5	62.7	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	8.0	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	7	21.2	33.9	29.3
Completely bedfast residents.	0	0.0	1.6	3.6
Residents confined to chairs.	6	18.2	37.3	39.1
Residents requiring restraints.	10	30.3	36.1	31.7
Confused or disoriented residents.	33	100	60.6	55.8
Residents with bed sores.	0	0.0	5.3	4.7
Residents receiving special skin care.	33	100	23.5	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	32	6.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	11	2.2	198	3.6
Each resident is free from mental and physical abuse.	MET	7	1.4	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	64	12.9	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	91	18.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	11	2.2	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.4	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	58	11.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	96	19.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	71	14.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	55	11.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	57	11.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	67	13.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	90	18.1	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	64	12.9	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	128	25.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	181	36.4	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	51	10.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	53	10.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	79	15.9	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	175	35.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	168	33.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	124	24.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	18	3.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	313	63.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
MARK REST CENTER

Street Address:		City and State:	
4114 N SR 376 NW		MCCONNELSVILLE OH 43756	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF/ICF	151	NON-PROFIT PRIVATE	06/19/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
149	0	114

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	131	87.9	83.6	81.5
Dressing				
Residents requiring some or total assistance in dressing.	121	81.2	87.3	83.2
Toileting				
Residents requiring some or total assistance in toileting.	110	73.8	74.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	105	70.5	77.5	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	113	75.8	67.5	68.2
Residents on individually written bowel and bladder retraining program.	4	2.7	5.6	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	50	33.6	43.0	37.7
Completely bedfast residents.	10	6.7	3.4	3.4
Residents confined to chairs.	65	43.6	49.1	50.8
Residents requiring restraints.	46	30.9	43.2	41.3
Confused or disoriented residents.	61	40.9	59.0	58.4
Residents with bed sores.	3	2.0	7.6	7.1
Residents receiving special skin care.	11	7.4	28.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

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		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	6.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	13	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	8	1.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	57	12.7	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	86	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	5	1.1	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	60	13.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	103	22.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	96	21.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	54	12.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	72	16.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	107	23.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	73	16.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	91	20.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	72	16.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	133	29.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	113	25.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	50	11.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	30	6.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	56	12.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	153	34.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	138	30.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	60	13.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	49	10.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	10.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	143	31.8	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	21	4.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	283	62.9	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
MORGAN COUNTY CARE CENTER

Street Address:		City and State:	
856 RIVERSIDE DR		MCCONNELSVILLE OH 43756	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	50	PROPRIETARY	03/18/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
49	0	43

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	46	93.9	78.6	78.3
Dressing				
Residents requiring some or total assistance in dressing.	36	73.5	81.6	76.7
Toileting				
Residents requiring some or total assistance in toileting.	33	67.3	65.9	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	32	65.3	71.1	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	23	46.9	62.7	59.1
Residents on individually written bowel and bladder retraining program.	11	22.4	8.0	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	11	22.4	33.9	29.3
Completely bedfast residents.	1	2.0	1.6	3.6
Residents confined to chairs.	31	63.3	37.3	39.1
Residents requiring restraints.	24	49.0	36.1	31.7
Confused or disoriented residents.	17	34.7	60.6	55.8
Residents with bed sores.	2	4.1	5.3	4.7
Residents receiving special skin care.	2	4.1	23.5	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	32	6.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	11	2.2	198	3.6
Each resident is free from mental and physical abuse.	MET	7	1.4	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	64	12.9	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	91	18.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	11	2.2	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.4	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	58	11.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	96	19.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	71	14.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	55	11.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	57	11.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	67	13.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	90	18.1	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	64	12.9	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	128	25.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	181	36.4	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	51	10.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	53	10.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	79	15.9	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	175	35.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	168	33.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	124	24.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	18	3.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	313	63.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
EVERGREEN CARE CENTER

Street Address:		City and State:	
555 SPRINGBROOK DRIVE		MEDINA OH 44256	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF/ICF	120	PROPRIETARY	09/14/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
14	0	1

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	13	92.9	83.6	81.5
Dressing				
Residents requiring some or total assistance in dressing.	13	92.9	87.3	83.2
Toileting				
Residents requiring some or total assistance in toileting.	13	92.9	74.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	13	92.9	77.5	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	13	92.9	67.5	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	5.6	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	8	57.1	43.0	37.7
Completely bedfast residents.	1	7.1	3.4	3.4
Residents confined to chairs.	8	57.1	49.1	50.8
Residents requiring restraints.	5	35.7	43.2	41.3
Confused or disoriented residents.	8	57.1	59.0	58.4
Residents with bed sores.	4	28.6	7.6	7.1
Residents receiving special skin care.	4	28.6	28.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	6.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	13	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	8	1.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	57	12.7	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	86	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	5	1.1	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	60	13.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	103	22.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	96	21.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	54	12.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	72	16.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	107	23.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

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		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	73	16.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	91	20.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	72	16.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	133	29.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	113	25.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	50	11.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	30	6.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	56	12.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	153	34.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	138	30.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	60	13.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	49	10.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	10.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	143	31.8	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	21	4.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	283	62.9	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
OHIO PYTHIAN SISTERS HOME OF MEDINA

Street Address:		City and State:	
550 MINER DR		MEDINA OH 44256	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	50	NON-PROFIT PRIVATE	12/31/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
49	0	39

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	40	81.6	78.6	78.3
Dressing				
Residents requiring some or total assistance in dressing.	49	100	81.6	76.7
Toileting				
Residents requiring some or total assistance in toileting.	42	85.7	65.9	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	41	83.7	71.1	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	38	77.6	62.7	59.1
Residents on individually written bowel and bladder retraining program.	24	49.0	8.0	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	14	28.6	33.9	29.3
Completely bedfast residents.	2	4.1	1.6	3.6
Residents confined to chairs.	27	55.1	37.3	39.1
Residents requiring restraints.	25	51.0	36.1	31.7
Confused or disoriented residents.	45	91.8	60.6	55.8
Residents with bed sores.	7	14.3	5.3	4.7
Residents receiving special skin care.	6	12.2	23.5	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	32	6.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	11	2.2	198	3.6
Each resident is free from mental and physical abuse.	MET	7	1.4	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	64	12.9	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	91	18.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	11	2.2	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.4	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	58	11.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	96	19.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	NOT MET	71	14.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	55	11.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	57	11.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	67	13.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	90	18.1	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	64	12.9	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	128	25.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	181	36.4	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	51	10.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	53	10.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	79	15.9	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	175	35.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	168	33.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	124	24.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	18	3.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	313	63.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
SHANGRI LA HEALTH CARE CENTER

Street Address:		City and State:	
2400 COLUMBIA ROAD		MEDINA OH 44256	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF/ICF	200	PROPRIETARY	09/25/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
200	129	0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	133	66.5	83.6	81.5
Dressing				
Residents requiring some or total assistance in dressing.	153	76.5	87.3	83.2
Toileting				
Residents requiring some or total assistance in toileting.	136	68.0	74.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	136	68.0	77.5	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	100	50.0	67.5	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	5.6	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	74	37.0	43.0	37.7
Completely bedfast residents.	12	6.0	3.4	3.4
Residents confined to chairs.	112	56.0	49.1	50.8
Residents requiring restraints.	117	58.5	43.2	41.3
Confused or disoriented residents.	189	94.5	59.0	58.4
Residents with bed sores.	26	13.0	7.6	7.1
Residents receiving special skin care.	90	45.0	28.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	6.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	13	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	8	1.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	57	12.7	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	86	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	5	1.1	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	60	13.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	103	22.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	96	21.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	54	12.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	72	16.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	107	23.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	73	16.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	91	20.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	72	16.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	133	29.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	113	25.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	50	11.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	30	6.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	56	12.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	153	34.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	138	30.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	60	13.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	49	10.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	10.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	143	31.8	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	21	4.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	283	62.9	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
GREENLAWN NH

Street Address:		City and State:	
9901 JOHNNYCAKE RIDGE RD		MENTOR OH 44060	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	47	PROPRIETARY	03/10/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
47	0	26

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	38	80.9	78.6	78.3
Dressing				
Residents requiring some or total assistance in dressing.	39	83.0	81.6	76.7
Toileting				
Residents requiring some or total assistance in toileting.	32	68.1	65.9	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	47	100	71.1	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	32	68.1	62.7	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	8.0	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	21	44.7	33.9	29.3
Completely bedfast residents.	1	2.1	1.6	3.6
Residents confined to chairs.	15	31.9	37.3	39.1
Residents requiring restraints.	34	72.3	36.1	31.7
Confused or disoriented residents.	41	87.2	60.6	55.8
Residents with bed sores.	4	8.5	5.3	4.7
Residents receiving special skin care.	10	21.3	23.5	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	32	6.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	11	2.2	198	3.6
Each resident is free from mental and physical abuse.	MET	7	1.4	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	64	12.9	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	91	18.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	11	2.2	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.4	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	58	11.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	96	19.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	71	14.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	55	11.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	57	11.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	67	13.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	90	18.1	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	64	12.9	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	128	25.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	181	36.4	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	51	10.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	53	10.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	79	15.9	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	175	35.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	168	33.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	124	24.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	18	3.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	313	63.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
HEARTLAND OF MENTOR

Street Address:	City and State:		
8300 CENTER STREET	MENTOR OH 44060		
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF/ICF	100	NON-PROFIT PRIVATE	09/25/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
96	2	15

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY #	FACILITY %	STATE %	NATION %
Bathing				
Residents requiring some or total assistance in bathing.	58	60.4	83.6	81.5
Dressing				
Residents requiring some or total assistance in dressing.	73	76.0	87.3	83.2
Toileting				
Residents requiring some or total assistance in toileting.	62	64.6	74.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	57	59.4	77.5	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	51	53.1	67.5	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	5.6	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	15	15.6	43.0	37.7
Completely bedfast residents.	0	0.0	3.4	3.4
Residents confined to chairs.	30	31.3	49.1	50.8
Residents requiring restraints.	30	31.3	43.2	41.3
Confused or disoriented residents.	50	52.1	59.0	58.4
Residents with bed sores.	8	8.3	7.6	7.1
Residents receiving special skin care.	24	25.0	28.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	6.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	13	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	8	1.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	57	12.7	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	86	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	5	1.1	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	60	13.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	103	22.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	96	21.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	54	12.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	72	16.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	107	23.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	73	16.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	91	20.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	72	16.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	133	29.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	113	25.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	50	11.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	30	6.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	56	12.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	153	34.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	138	30.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	60	13.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	49	10.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	10.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	143	31.8	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	21	4.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	283	62.9	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
MENTOR WAY VILLA NH

Street Address:		City and State:	
8903 SHAEFER BOX 229		MENTOR OH 44060	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	79	PROPRIETARY	03/04/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
66	0	61

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	38	57.6	78.6	78.3
Dressing				
Residents requiring some or total assistance in dressing.	47	71.2	81.6	76.7
Toileting				
Residents requiring some or total assistance in toileting.	38	57.6	65.9	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	44	66.7	71.1	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	43	65.2	62.7	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	8.0	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	11	16.7	33.9	29.3
Completely bedfast residents.	0	0.0	1.6	3.6
Residents confined to chairs.	25	37.9	37.3	39.1
Residents requiring restraints.	27	40.9	36.1	31.7
Confused or disoriented residents.	48	72.7	60.6	55.8
Residents with bed sores.	2	3.0	5.3	4.7
Residents receiving special skin care.	17	25.8	23.5	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	32	6.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	11	2.2	198	3.6
Each resident is free from mental and physical abuse.	MET	7	1.4	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	64	12.9	564	10.3
Each resident is given privacy during treatment and care of personal needs.	NOT MET	91	18.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	11	2.2	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.4	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	NOT MET	58	11.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	96	19.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	NOT MET	71	14.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	55	11.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	57	11.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	67	13.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	90	18.1	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	64	12.9	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	128	25.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	181	36.4	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	51	10.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	53	10.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	79	15.9	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	175	35.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	168	33.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	124	24.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	18	3.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	313	63.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
FRIENDLY NURSING HOME

Street Address:	City and State:		
542 EAST LINDEN AVENUE	MIAMISBURG OH 45342		
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	36	NON-PROFIT OTHER	12/08/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
31	0	21

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	29	93.5	78.6	78.3
Dressing				
Residents requiring some or total assistance in dressing.	30	96.8	81.6	76.7
Toileting				
Residents requiring some or total assistance in toileting.	22	71.0	65.9	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	22	71.0	71.1	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	22	71.0	62.7	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	8.0	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	5	16.1	33.9	29.3
Completely bedfast residents.	0	0.0	1.6	3.6
Residents confined to chairs.	10	32.3	37.3	39.1
Residents requiring restraints.	17	54.8	36.1	31.7
Confused or disoriented residents.	20	64.5	60.6	55.8
Residents with bed sores.	0	0.0	5.3	4.7
Residents receiving special skin care.	3	9.7	23.5	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	32	6.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	11	2.2	198	3.6
Each resident is free from mental and physical abuse.	MET	7	1.4	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	64	12.9	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	91	18.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	11	2.2	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.4	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	58	11.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	96	19.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	71	14.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	55	11.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	57	11.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	67	13.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	90	18.1	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	64	12.9	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	128	25.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	181	36.4	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	51	10.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	53	10.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	79	15.9	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	175	35.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	168	33.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	124	24.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	18	3.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	313	63.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
HEARTLAND OF OAK RIDGE

Street Address:		City and State:	
450 OAK RIDGE BOULEVARD		MIAMISBURG OH 45342	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF/ICF	160	PROPRIETARY	08/13/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
95	1	30

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	35	36.8	83.6	81.5
Dressing				
Residents requiring some or total assistance in dressing.	82	86.3	87.3	83.2
Toileting				
Residents requiring some or total assistance in toileting.	81	85.3	74.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	80	84.2	77.5	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	80	84.2	67.5	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	5.6	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	85	89.5	43.0	37.7
Completely bedfast residents.	4	4.2	3.4	3.4
Residents confined to chairs.	76	80.0	49.1	50.8
Residents requiring restraints.	41	43.2	43.2	41.3
Confused or disoriented residents.	74	77.9	59.0	58.4
Residents with bed sores.	2	2.1	7.6	7.1
Residents receiving special skin care.	17	17.9	28.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	6.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	13	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	8	1.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	57	12.7	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	86	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	5	1.1	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	60	13.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	103	22.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	96	21.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	54	12.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	72	16.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	107	23.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

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		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	73	16.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	91	20.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	72	16.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	133	29.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	113	25.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	50	11.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	30	6.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	56	12.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	153	34.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	138	30.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	60	13.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	49	10.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	10.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	143	31.8	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	21	4.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	283	62.9	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
MIAMI CHRISTEL MANOR

Street Address:		City and State:	
1120 S DUNAWAY ST		MIAMISBURG OH 45342	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	101	PROPRIETARY	11/12/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
100	0	69

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	52	52.0	78.6	78.3
Dressing Residents requiring some or total assistance in dressing.	98	98.0	81.6	76.7
Toileting Residents requiring some or total assistance in toileting.	78	78.0	65.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	79	79.0	71.1	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	74	74.0	62.7	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	8.0	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	30	30.0	33.9	29.3
Completely bedfast residents.	0	0.0	1.6	3.6
Residents confined to chairs.	63	63.0	37.3	39.1
Residents requiring restraints.	39	39.0	36.1	31.7
Confused or disoriented residents.	68	68.0	60.6	55.8
Residents with bed sores.	12	12.0	5.3	4.7
Residents receiving special skin care.	29	29.0	23.5	24.0

SELECTED PERFORMANCE INDICATORS

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Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	NOT MET	32	6.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	11	2.2	198	3.6
Each resident is free from mental and physical abuse.	MET	7	1.4	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	64	12.9	564	10.3
Each resident is given privacy during treatment and care of personal needs.	NOT MET	91	18.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	11	2.2	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.4	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	NOT MET	58	11.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	96	19.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	71	14.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	55	11.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	57	11.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	67	13.5	700	12.8

SELECTED PERFORMANCE INDICATORS

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		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	90	18.1	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	64	12.9	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	128	25.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	181	36.4	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	51	10.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	53	10.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	79	15.9	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	175	35.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	168	33.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	124	24.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	18	3.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	313	63.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
SOUTHWEST HEALTH CARE CENTER

Street Address:		City and State:	
7250 OLD OAK BLVD		MIDDLEBURG HEIGHTS OH 44130	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF/ICF	90	PROPRIETARY	06/26/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
54	0	0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	45	83.3	83.6	81.5
Dressing				
Residents requiring some or total assistance in dressing.	45	83.3	87.3	83.2
Toileting				
Residents requiring some or total assistance in toileting.	42	77.8	74.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	45	83.3	77.5	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	31	57.4	67.5	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	5.6	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	24	44.4	43.0	37.7
Completely bedfast residents.	1	1.9	3.4	3.4
Residents confined to chairs.	31	57.4	49.1	50.8
Residents requiring restraints.	9	16.7	43.2	41.3
Confused or disoriented residents.	35	64.8	59.0	58.4
Residents with bed sores.	11	20.4	7.6	7.1
Residents receiving special skin care.	21	38.9	28.4	31.2

SELECTED PERFORMANCE INDICATORS

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Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	6.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	13	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	8	1.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	57	12.7	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	86	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	5	1.1	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	NOT MET	60	13.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	103	22.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	96	21.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	54	12.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	72	16.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	107	23.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	73	16.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	91	20.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	72	16.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	133	29.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	113	25.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	50	11.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	30	6.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	56	12.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	153	34.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	138	30.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	60	13.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	49	10.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	10.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	143	31.8	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	21	4.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	283	62.9	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
BRIAR HILL NURSING HOME

Street Address:		City and State:	
15950 PIERCE RD PO BOX 277		MIDDLEFIELD OH 44062	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	39	PROPRIETARY	12/28/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
39	0	12

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	38	97.4	78.6	78.3
Dressing				
Residents requiring some or total assistance in dressing.	39	100	81.6	76.7
Toileting				
Residents requiring some or total assistance in toileting.	38	97.4	65.9	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	30	76.9	71.1	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	39	100	62.7	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	8.0	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	23	59.0	33.9	29.3
Completely bedfast residents.	0	0.0	1.6	3.6
Residents confined to chairs.	28	71.8	37.3	39.1
Residents requiring restraints.	26	66.7	36.1	31.7
Confused or disoriented residents.	38	97.4	60.6	55.8
Residents with bed sores.	1	2.6	5.3	4.7
Residents receiving special skin care.	11	28.2	23.5	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	32	6.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	11	2.2	198	3.6
Each resident is free from mental and physical abuse.	MET	7	1.4	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	64	12.9	564	10.3
Each resident is given privacy during treatment and care of personal needs.	NOT MET	91	18.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	11	2.2	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.4	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	58	11.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	96	19.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	71	14.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	55	11.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	57	11.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	67	13.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	90	18.1	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	64	12.9	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	128	25.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	181	36.4	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	51	10.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	53	10.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	79	15.9	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	175	35.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	168	33.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	124	24.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	18	3.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	313	63.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
BARBARA PARK NH

Street Address:		City and State:	
751 KENSINGTON ST		MIDDLETOWN OH 45042	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF/ICF	208	NON-PROFIT OTHER	10/02/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
183	1	133

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	160	87.4	83.6	81.5
Dressing				
Residents requiring some or total assistance in dressing.	150	82.0	87.3	83.2
Toileting				
Residents requiring some or total assistance in toileting.	153	83.6	74.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	143	78.1	77.5	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	146	79.8	67.5	68.2
Residents on individually written bowel and bladder retraining program.	1	0.5	5.6	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	123	67.2	43.0	37.7
Completely bedfast residents.	6	3.3	3.4	3.4
Residents confined to chairs.	92	50.3	49.1	50.8
Residents requiring restraints.	127	69.4	43.2	41.3
Confused or disoriented residents.	111	60.7	59.0	58.4
Residents with bed sores.	27	14.8	7.6	7.1
Residents receiving special skin care.	21	11.5	28.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	6.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	13	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	8	1.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	57	12.7	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	86	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	5	1.1	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	60	13.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	103	22.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	96	21.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	54	12.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	72	16.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	107	23.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	73	16.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	91	20.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	72	16.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	133	29.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	113	25.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	50	11.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	30	6.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	56	12.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	153	34.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	138	30.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	60	13.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	49	10.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	10.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	143	31.8	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	21	4.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	283	62.9	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
GARDEN MANOR EXTENDED CARE CENTER

Street Address:		City and State:	
6898 HAMILTON-MIDDLETOWN RD		MIDDLETOWN OH 45042	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF/ICF	241	PROPRIETARY	08/14/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
175	0	175

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	153	87.4	83.6	81.5
Dressing				
Residents requiring some or total assistance in dressing.	140	80.0	87.3	83.2
Toileting				
Residents requiring some or total assistance in toileting.	145	82.9	74.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	128	73.1	77.5	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	129	73.7	67.5	68.2
Residents on individually written bowel and bladder retraining program.	18	10.3	5.6	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	94	53.7	43.0	37.7
Completely bedfast residents.	5	2.9	3.4	3.4
Residents confined to chairs.	98	56.0	49.1	50.8
Residents requiring restraints.	103	58.9	43.2	41.3
Confused or disoriented residents.	119	68.0	59.0	58.4
Residents with bed sores.	4	2.3	7.6	7.1
Residents receiving special skin care.	48	27.4	28.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	6.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	13	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	8	1.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	57	12.7	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	86	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	5	1.1	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	60	13.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	103	22.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	96	21.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	54	12.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	72	16.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	107	23.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	73	16.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	91	20.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	72	16.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	133	29.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	113	25.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	50	11.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	30	6.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	56	12.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	153	34.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	138	30.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	60	13.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	49	10.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	10.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	143	31.8	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	21	4.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	283	62.9	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
MIDDLETOWN QUALITY CARE CTR

Street Address:		City and State:	
3100 S MAIN ST		MIDDLETOWN OH 45042	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	24	PROPRIETARY	09/18/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
24	0	24

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	13	54.2	78.6	78.3
Dressing				
Residents requiring some or total assistance in dressing.	23	95.8	81.6	76.7
Toileting				
Residents requiring some or total assistance in toileting.	14	58.3	65.9	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	7	29.2	71.1	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	13	54.2	62.7	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	8.0	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	21	87.5	33.9	29.3
Completely bedfast residents.	0	0.0	1.6	3.6
Residents confined to chairs.	2	8.3	37.3	39.1
Residents requiring restraints.	12	50.0	36.1	31.7
Confused or disoriented residents.	24	100	60.6	55.8
Residents with bed sores.	0	0.0	5.3	4.7
Residents receiving special skin care.	3	12.5	23.5	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	32	6.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	11	2.2	198	3.6
Each resident is free from mental and physical abuse.	MET	7	1.4	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	64	12.9	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	91	18.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	11	2.2	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.4	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	58	11.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	96	19.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	71	14.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	55	11.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	57	11.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	67	13.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	90	18.1	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	64	12.9	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	128	25.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	181	36.4	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	51	10.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	53	10.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	79	15.9	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	175	35.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	168	33.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	124	24.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	18	3.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	313	63.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
WILLOW KNOLL NURSING CENTER

Street Address:		City and State:	
4400 VANNEST AVENUE		MIDDLETOWN OH 45042	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF/ICF	100	NON-PROFIT RELIGIOUS	12/11/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
96	0	73

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	94	97.9	83.6	81.5
Dressing				
Residents requiring some or total assistance in dressing.	87	90.6	87.3	83.2
Toileting				
Residents requiring some or total assistance in toileting.	61	63.5	74.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	71	74.0	77.5	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	61	63.5	67.5	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	5.6	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	68	70.8	43.0	37.7
Completely bedfast residents.	17	17.7	3.4	3.4
Residents confined to chairs.	5	5.2	49.1	50.8
Residents requiring restraints.	0	0.0	43.2	41.3
Confused or disoriented residents.	67	69.8	59.0	58.4
Residents with bed sores.	6	6.3	7.6	7.1
Residents receiving special skin care.	6	6.3	28.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	6.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	13	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	8	1.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	57	12.7	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	86	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	5	1.1	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	60	13.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	103	22.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	96	21.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	54	12.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	72	16.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	107	23.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	73	16.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	91	20.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	72	16.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	133	29.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	113	25.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	50	11.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	30	6.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	56	12.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	153	34.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	138	30.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	60	13.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	49	10.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	48	10.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	143	31.8	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	21	4.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	283	62.9	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
CANTERBURY VILLA OF MILAN

Street Address:		City and State:	
185 SOUTH MAIN ST		MILAN OH 44846	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	96	PROPRIETARY	10/06/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
81	0	44

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	70	86.4	78.6	78.3
Dressing				
Residents requiring some or total assistance in dressing.	69	85.2	81.6	76.7
Toileting				
Residents requiring some or total assistance in toileting.	66	81.5	65.9	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	63	77.8	71.1	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	58	71.6	62.7	59.1
Residents on individually written bowel and bladder retraining program.	6	7.4	8.0	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	30	37.0	33.9	29.3
Completely bedfast residents.	0	0.0	1.6	3.6
Residents confined to chairs.	39	48.1	37.3	39.1
Residents requiring restraints.	51	63.0	36.1	31.7
Confused or disoriented residents.	45	55.6	60.6	55.8
Residents with bed sores.	3	3.7	5.3	4.7
Residents receiving special skin care.	4	4.9	23.5	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	32	6.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	11	2.2	198	3.6
Each resident is free from mental and physical abuse.	MET	7	1.4	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	64	12.9	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	91	18.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	11	2.2	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.4	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	58	11.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	96	19.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	71	14.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	55	11.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	57	11.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	67	13.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	35	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	90	18.1	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	64	12.9	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	128	25.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	181	36.4	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	51	10.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	53	10.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	79	15.9	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	175	35.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	168	33.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	124	24.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	18	3.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	313	63.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
CLERMONT NURSING AND CONV CTR

Street Address:		City and State:	
934 STATE ROUTE 28		MILFORD OH 45150	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF/ICF	208	NON-PROFIT OTHER	02/19/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
201	3	183

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	159	79.1	83.6	81.5
Dressing				
Residents requiring some or total assistance in dressing.	187	93.0	87.3	83.2
Toileting				
Residents requiring some or total assistance in toileting.	156	77.6	74.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	141	70.1	77.5	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	141	70.1	67.5	68.2
Residents on individually written bowel and bladder retraining program.	6	3.0	5.6	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	97	48.3	43.0	37.7
Completely bedfast residents.	2	1.0	3.4	3.4
Residents confined to chairs.	147	73.1	49.1	50.8
Residents requiring restraints.	93	46.3	43.2	41.3
Confused or disoriented residents.	135	67.2	59.0	58.4
Residents with bed sores.	12	6.0	7.6	7.1
Residents receiving special skin care.	12	6.0	28.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	6.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	13	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	8	1.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	57	12.7	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	86	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	5	1.1	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	60	13.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	103	22.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	96	21.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	54	12.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	72	16.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	107	23.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	73	16.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	91	20.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	72	16.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	133	29.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	113	25.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	50	11.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	30	6.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	56	12.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	153	34.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	138	30.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	60	13.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	49	10.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	10.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	143	31.8	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	21	4.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	283	62.9	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
SEM HAVEN HEALTH CARE CENTER

Street Address:		City and State:	
225 CLEVELAND AVENUE		MILFORD OH 45150	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF/ICF	100	NON-PROFIT RELIGIOUS	07/16/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
98	0	36

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY #	FACILITY %	STATE %	NATION %
Bathing				
Residents requiring some or total assistance in bathing.	88	89.8	83.6	81.5
Dressing				
Residents requiring some or total assistance in dressing.	94	95.9	87.3	83.2
Toileting				
Residents requiring some or total assistance in toileting.	76	77.6	74.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	79	80.6	77.5	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	70	71.4	67.5	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	5.6	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	68	69.4	43.0	37.7
Completely bedfast residents.	2	2.0	3.4	3.4
Residents confined to chairs.	46	46.9	49.1	50.8
Residents requiring restraints.	23	23.5	43.2	41.3
Confused or disoriented residents.	81	82.7	59.0	58.4
Residents with bed sores.	3	3.1	7.6	7.1
Residents receiving special skin care.	7	7.1	28.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	6.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	13	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	8	1.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	57	12.7	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	86	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	5	1.1	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	60	13.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	103	22.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	96	21.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	54	12.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	72	16.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	107	23.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	73	16.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	91	20.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	72	16.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	133	29.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	113	25.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	50	11.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	30	6.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	56	12.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	153	34.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	138	30.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	60	13.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	49	10.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	10.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	143	31.8	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	21	4.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	283	62.9	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
THE ARBORS AT MILFORD

Street Address:	City and State:		
5900 MEADOWCREEK DRIVE	MILFORD OH 45150		
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF/ICF	100	PROPRIETARY	12/09/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
92	0	20

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	92	100	83.6	81.5
Dressing				
Residents requiring some or total assistance in dressing.	92	100	87.3	83.2
Toileting				
Residents requiring some or total assistance in toileting.	64	69.6	74.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	45	48.9	77.5	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	48	52.2	67.5	68.2
Residents on individually written bowel and bladder retraining program.	3	3.3	5.6	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	52	56.5	43.0	37.7
Completely bedfast residents.	7	7.6	3.4	3.4
Residents confined to chairs.	56	60.9	49.1	50.8
Residents requiring restraints.	19	20.7	43.2	41.3
Confused or disoriented residents.	67	72.8	59.0	58.4
Residents with bed sores.	10	10.9	7.6	7.1
Residents receiving special skin care.	10	10.9	28.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	6.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	13	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	8	1.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	57	12.7	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	86	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	5	1.1	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	60	13.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	103	22.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	96	21.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	54	12.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	72	16.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	107	23.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	73	16.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	91	20.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	72	16.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	133	29.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	113	25.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	50	11.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	30	6.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	56	12.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	153	34.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	138	30.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	60	13.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	49	10.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	48	10.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	143	31.8	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	21	4.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	283	62.9	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
ALTERCARE OF MILLERSBURG

Street Address:		City and State:	
4678 S R 83 ROUTE 3		MILLERSBURG OH 44654	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF/ICF	100	PROPRIETARY	04/22/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
11	1	5

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	11	100	83.6	81.5
Dressing				
Residents requiring some or total assistance in dressing.	11	100	87.3	83.2
Toileting				
Residents requiring some or total assistance in toileting.	10	90.9	74.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	10	90.9	77.5	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	6	54.5	67.5	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	5.6	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	2	18.2	43.0	37.7
Completely bedfast residents.	0	0.0	3.4	3.4
Residents confined to chairs.	0	0.0	49.1	50.8
Residents requiring restraints.	8	72.7	43.2	41.3
Confused or disoriented residents.	6	54.5	59.0	58.4
Residents with bed sores.	1	9.1	7.6	7.1
Residents receiving special skin care.	1	9.1	28.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	6.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	13	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	8	1.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	57	12.7	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	86	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	5	1.1	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	60	13.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	103	22.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	96	21.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	54	12.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	72	16.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	107	23.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	73	16.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	91	20.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	72	16.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	133	29.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	113	25.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	50	11.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	30	6.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	56	12.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	153	34.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	138	30.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	60	13.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	49	10.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	10.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	143	31.8	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	21	4.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	283	62.9	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
FAIRVIEW CASTLE NURSING HOME

Street Address:		City and State:	
WEST JACKSON STREET EXTENSION		MILLERSBURG OH 44654	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	34	PROPRIETARY	07/29/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
34	0	28

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	34	100	78.6	78.3
Dressing				
Residents requiring some or total assistance in dressing.	8	23.5	81.6	76.7
Toileting				
Residents requiring some or total assistance in toileting.	4	11.8	65.9	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	5	14.7	71.1	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	6	17.6	62.7	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	8.0	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	3	8.8	33.9	29.3
Completely bedfast residents.	0	0.0	1.6	3.6
Residents confined to chairs.	1	2.9	37.3	39.1
Residents requiring restraints.	2	5.9	36.1	31.7
Confused or disoriented residents.	20	58.8	60.6	55.8
Residents with bed sores.	0	0.0	5.3	4.7
Residents receiving special skin care.	3	8.8	23.5	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	32	6.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	11	2.2	198	3.6
Each resident is free from mental and physical abuse.	MET	7	1.4	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	64	12.9	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	91	18.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	11	2.2	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.4	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	58	11.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	96	19.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	71	14.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	55	11.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	57	11.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	67	13.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	90	18.1	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	64	12.9	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	128	25.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	181	36.4	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	51	10.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	53	10.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	79	15.9	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	175	35.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	168	33.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	124	24.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	18	3.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	313	63.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
OVERLOOK CASTLE NURSING HOME

Street Address:		City and State:	
HEBRON STREET		MILLERSBURG OH 44654	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	35	PROPRIETARY	07/30/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
35	0	32

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	20	57.1	78.6	78.3
Dressing				
Residents requiring some or total assistance in dressing.	26	74.3	81.6	76.7
Toileting				
Residents requiring some or total assistance in toileting.	15	42.9	65.9	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	26	74.3	71.1	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	15	42.9	62.7	59.1
Residents on individually written bowel and bladder retraining program.	11	31.4	8.0	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	9	25.7	33.9	29.3
Completely bedfast residents.	0	0.0	1.6	3.6
Residents confined to chairs.	4	11.4	37.3	39.1
Residents requiring restraints.	13	37.1	36.1	31.7
Confused or disoriented residents.	32	91.4	60.6	55.8
Residents with bed sores.	0	0.0	5.3	4.7
Residents receiving special skin care.	0	0.0	23.5	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	32	6.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	11	2.2	198	3.6
Each resident is free from mental and physical abuse.	MET	7	1.4	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	64	12.9	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	91	18.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	11	2.2	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.4	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	58	11.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	96	19.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	71	14.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	55	11.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	57	11.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	67	13.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	90	18.1	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	64	12.9	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	128	25.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	181	36.4	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	51	10.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	53	10.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	79	15.9	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	175	35.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	168	33.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	124	24.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	18	3.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	313	63.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
SCENIC VIEW CASTLE NURSING HOMES

Street Address:		City and State:	
TWP RD 334		MILLERSBURG OH 44654	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	164	PROPRIETARY	06/05/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
163	0	71

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	111	68.1	78.6	78.3
Dressing				
Residents requiring some or total assistance in dressing.	117	71.8	81.6	76.7
Toileting				
Residents requiring some or total assistance in toileting.	89	54.6	65.9	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	105	64.4	71.1	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	109	66.9	62.7	59.1
Residents on individually written bowel and bladder retraining program.	7	4.3	8.0	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	66	40.5	33.9	29.3
Completely bedfast residents.	2	1.2	1.6	3.6
Residents confined to chairs.	71	43.6	37.3	39.1
Residents requiring restraints.	52	31.9	36.1	31.7
Confused or disoriented residents.	96	58.9	60.6	55.8
Residents with bed sores.	4	2.5	5.3	4.7
Residents receiving special skin care.	63	38.7	23.5	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	32	6.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	11	2.2	198	3.6
Each resident is free from mental and physical abuse.	MET	7	1.4	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	64	12.9	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	91	18.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	11	2.2	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.4	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	58	11.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	96	19.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	71	14.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	55	11.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	57	11.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	67	13.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	90	18.1	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	64	12.9	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	128	25.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	181	36.4	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	51	10.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	53	10.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	79	15.9	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	175	35.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	168	33.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	124	24.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	18	3.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	313	63.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
SUNSET VIEW CASTLE NURSING HOME

Street Address:		City and State:	
RD 3		MILLERSBURG OH 44654	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	75	PROPRIETARY	08/05/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
75	0	60

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	59	78.7	78.6	78.3
Dressing				
Residents requiring some or total assistance in dressing.	58	77.3	81.6	76.7
Toileting				
Residents requiring some or total assistance in toileting.	45	60.0	65.9	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	52	69.3	71.1	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	49	65.3	62.7	59.1
Residents on individually written bowel and bladder retraining program.	15	20.0	8.0	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	35	46.7	33.9	29.3
Completely bedfast residents.	0	0.0	1.6	3.6
Residents confined to chairs.	27	36.0	37.3	39.1
Residents requiring restraints.	16	21.3	36.1	31.7
Confused or disoriented residents.	39	52.0	60.6	55.8
Residents with bed sores.	1	1.3	5.3	4.7
Residents receiving special skin care.	15	20.0	23.5	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	32	6.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	11	2.2	198	3.6
Each resident is free from mental and physical abuse.	MET	7	1.4	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	64	12.9	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	91	18.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	11	2.2	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.4	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	58	11.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	96	19.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	71	14.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	55	11.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	57	11.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	67	13.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	90	18.1	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	64	12.9	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	128	25.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	181	36.4	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	51	10.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	53	10.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	79	15.9	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	175	35.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	168	33.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	124	24.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	18	3.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	313	63.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
TERRACE VIEW CASTLE NURSING HOMES

Street Address:		City and State:	
HEBRON ST		MILLERSBURG OH 44654	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	180	PROPRIETARY	05/22/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
180	0	156

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	107	59.4	78.6	78.3
Dressing				
Residents requiring some or total assistance in dressing.	110	61.1	81.6	76.7
Toileting				
Residents requiring some or total assistance in toileting.	64	35.6	65.9	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	60	33.3	71.1	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	77	42.8	62.7	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	8.0	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	43	23.9	33.9	29.3
Completely bedfast residents.	1	0.6	1.6	3.6
Residents confined to chairs.	20	11.1	37.3	39.1
Residents requiring restraints.	19	10.6	36.1	31.7
Confused or disoriented residents.	178	98.9	60.6	55.8
Residents with bed sores.	1	0.6	5.3	4.7
Residents receiving special skin care.	72	40.0	23.5	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	32	6.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	11	2.2	198	3.6
Each resident is free from mental and physical abuse.	MET	7	1.4	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	64	12.9	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	91	18.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	11	2.2	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.4	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	58	11.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	96	19.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	71	14.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	55	11.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	57	11.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	67	13.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	90	18.1	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	64	12.9	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	128	25.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	181	36.4	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	51	10.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	53	10.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	79	15.9	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	175	35.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	168	33.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	124	24.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	18	3.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	313	63.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
VALLEY VIEW-CASTLE NURSING HOMES

Street Address:		City and State:	
RD 1		MILLERSBURG OH 44654	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	42	PROPRIETARY	08/13/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
42	0	39

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	20	47.6	78.6	78.3
Dressing				
Residents requiring some or total assistance in dressing.	21	50.0	81.6	76.7
Toileting				
Residents requiring some or total assistance in toileting.	10	23.8	65.9	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	24	57.1	71.1	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	17	40.5	62.7	59.1
Residents on individually written bowel and bladder retraining program.	15	35.7	8.0	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	7	16.7	33.9	29.3
Completely bedfast residents.	0	0.0	1.6	3.6
Residents confined to chairs.	4	9.5	37.3	39.1
Residents requiring restraints.	2	4.8	36.1	31.7
Confused or disoriented residents.	23	54.8	60.6	55.8
Residents with bed sores.	0	0.0	5.3	4.7
Residents receiving special skin care.	8	19.0	23.5	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	32	6.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	11	2.2	198	3.6
Each resident is free from mental and physical abuse.	MET	7	1.4	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	64	12.9	564	10.3
Each resident is given privacy during treatment and care of personal needs.	NOT MET	91	18.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	11	2.2	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.4	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	58	11.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	96	19.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	71	14.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	55	11.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	57	11.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	67	13.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	90	18.1	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	64	12.9	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	128	25.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	181	36.4	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	51	10.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	53	10.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	79	15.9	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	175	35.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	168	33.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	124	24.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	18	3.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	313	63.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
GLENN VIEW MANOR

Street Address:		City and State:	
3379 MAIN ST		MINERAL RIDGE OH 44440	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	216	PROPRIETARY	12/19/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
198	0	88

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	175	88.4	78.6	78.3
Dressing				
Residents requiring some or total assistance in dressing.	164	82.8	81.6	76.7
Toileting				
Residents requiring some or total assistance in toileting.	152	76.8	65.9	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	153	77.3	71.1	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	127	64.1	62.7	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	8.0	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	71	35.9	33.9	29.3
Completely bedfast residents.	3	1.5	1.6	3.6
Residents confined to chairs.	51	25.8	37.3	39.1
Residents requiring restraints.	110	55.6	36.1	31.7
Confused or disoriented residents.	138	69.7	60.6	55.8
Residents with bed sores.	3	1.5	5.3	4.7
Residents receiving special skin care.	90	45.5	23.5	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	32	6.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	11	2.2	198	3.6
Each resident is free from mental and physical abuse.	MET	7	1.4	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	64	12.9	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	91	18.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	11	2.2	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.4	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	58	11.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	96	19.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	71	14.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	55	11.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	57	11.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	67	13.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	90	18.1	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	64	12.9	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	128	25.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	181	36.4	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	51	10.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	53	10.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	79	15.9	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	175	35.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	168	33.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	124	24.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	18	3.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	313	63.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
GREAT TRAIL CARE CENTER

Street Address:		City and State:	
400 CAROLYN COURT		MINERVA OH 44657	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF/ICF	100	PROPRIETARY	01/14/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
79	0	68

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	67	84.8	83.6	81.5
Dressing				
Residents requiring some or total assistance in dressing.	66	83.5	87.3	83.2
Toileting				
Residents requiring some or total assistance in toileting.	55	69.6	74.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	59	74.7	77.5	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	41	51.9	67.5	68.2
Residents on individually written bowel and bladder retraining program.	5	6.3	5.6	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	30	38.0	43.0	37.7
Completely bedfast residents.	1	1.3	3.4	3.4
Residents confined to chairs.	58	73.4	49.1	50.8
Residents requiring restraints.	34	43.0	43.2	41.3
Confused or disoriented residents.	28	35.4	59.0	58.4
Residents with bed sores.	2	2.5	7.6	7.1
Residents receiving special skin care.	26	32.9	28.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	6.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	13	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	8	1.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	57	12.7	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	86	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	5	1.1	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	60	13.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	103	22.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	96	21.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	54	12.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	72	16.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	107	23.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	73	16.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	91	20.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	72	16.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	133	29.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	113	25.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	50	11.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	30	6.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	56	12.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	153	34.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	138	30.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	60	13.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	49	10.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	10.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	143	31.8	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	21	4.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	283	62.9	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
MINERVA CONV CTR

Street Address:		City and State:	
1035 E LINCOLN WAY		MINERVA OH 44657	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	57	PROPRIETARY	06/25/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
26	0	18

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	19	73.1	78.6	78.3
Dressing				
Residents requiring some or total assistance in dressing.	19	73.1	81.6	76.7
Toileting				
Residents requiring some or total assistance in toileting.	16	61.5	65.9	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	13	50.0	71.1	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	17	65.4	62.7	59.1
Residents on individually written bowel and bladder retraining program.	9	34.6	8.0	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	7	26.9	33.9	29.3
Completely bedfast residents.	0	0.0	1.6	3.6
Residents confined to chairs.	13	50.0	37.3	39.1
Residents requiring restraints.	5	19.2	36.1	31.7
Confused or disoriented residents.	11	42.3	60.6	55.8
Residents with bed sores.	2	7.7	5.3	4.7
Residents receiving special skin care.	17	65.4	23.5	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	32	6.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	11	2.2	198	3.6
Each resident is free from mental and physical abuse.	MET	7	1.4	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	64	12.9	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	91	18.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	11	2.2	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.4	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	58	11.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	96	19.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	71	14.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	55	11.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	57	11.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	67	13.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	90	18.1	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	64	12.9	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	128	25.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	181	36.4	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	51	10.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	53	10.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	79	15.9	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	175	35.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	168	33.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	124	24.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	18	3.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	313	63.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
HERITAGE MANOR

Street Address:		City and State:	
24 N HAMILTON		MINSTER OH 45865	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF/ICF	119	PROPRIETARY	02/25/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
72	1	46

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	65	90.3	83.6	81.5
Dressing				
Residents requiring some or total assistance in dressing.	60	83.3	87.3	83.2
Toileting				
Residents requiring some or total assistance in toileting.	59	81.9	74.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	58	80.6	77.5	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	56	77.8	67.5	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	5.6	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	23	31.9	43.0	37.7
Completely bedfast residents.	1	1.4	3.4	3.4
Residents confined to chairs.	39	54.2	49.1	50.8
Residents requiring restraints.	31	43.1	43.2	41.3
Confused or disoriented residents.	34	47.2	59.0	58.4
Residents with bed sores.	0	0.0	7.6	7.1
Residents receiving special skin care.	38	52.8	28.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	6.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	13	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	8	1.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	57	12.7	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	86	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	5	1.1	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	60	13.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	103	22.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	96	21.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	54	12.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	72	16.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	107	23.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

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		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	73	16.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	91	20.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	72	16.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	133	29.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	113	25.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	50	11.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	30	6.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	56	12.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	153	34.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	138	30.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	60	13.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	49	10.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	10.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	143	31.8	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	21	4.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	283	62.9	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
MONCLOVA CARE CENTER

Street Address:		City and State:	
9831 GARDEN ROAD		MONCLOVA OH 43542	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	100	PROPRIETARY	01/28/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
97	0	82

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	78	80.4	78.6	78.3
Dressing				
Residents requiring some or total assistance in dressing.	77	79.4	81.6	76.7
Toileting				
Residents requiring some or total assistance in toileting.	59	60.8	65.9	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	71	73.2	71.1	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	76	78.4	62.7	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	8.0	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	27	27.8	33.9	29.3
Completely bedfast residents.	0	0.0	1.6	3.6
Residents confined to chairs.	60	61.9	37.3	39.1
Residents requiring restraints.	35	36.1	36.1	31.7
Confused or disoriented residents.	61	62.9	60.6	55.8
Residents with bed sores.	2	2.1	5.3	4.7
Residents receiving special skin care.	14	14.4	23.5	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	32	6.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	11	2.2	198	3.6
Each resident is free from mental and physical abuse.	MET	7	1.4	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	64	12.9	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	91	18.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	11	2.2	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.4	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	58	11.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	96	19.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	71	14.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	55	11.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	57	11.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	67	13.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	90	18.1	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	64	12.9	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	128	25.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	181	36.4	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	51	10.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	53	10.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	79	15.9	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	175	35.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	168	33.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	124	24.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	18	3.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	313	63.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
VILLA WEST

Street Address:		City and State:	
10005 GARDEN RD		MONCLOVA OH 43542	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	100	PROPRIETARY	10/28/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
99	0	81

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	85	85.9	78.6	78.3
Dressing				
Residents requiring some or total assistance in dressing.	85	85.9	81.6	76.7
Toileting				
Residents requiring some or total assistance in toileting.	77	77.8	65.9	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	79	79.8	71.1	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	71	71.7	62.7	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	8.0	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	32	32.3	33.9	29.3
Completely bedfast residents.	3	3.0	1.6	3.6
Residents confined to chairs.	79	79.8	37.3	39.1
Residents requiring restraints.	52	52.5	36.1	31.7
Confused or disoriented residents.	62	62.6	60.6	55.8
Residents with bed sores.	4	4.0	5.3	4.7
Residents receiving special skin care.	17	17.2	23.5	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

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		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	32	6.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	11	2.2	198	3.6
Each resident is free from mental and physical abuse.	MET	7	1.4	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	64	12.9	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	91	18.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	11	2.2	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.4	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	58	11.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	96	19.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	71	14.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	55	11.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	57	11.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	67	13.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	90	18.1	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	64	12.9	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	128	25.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	181	36.4	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	51	10.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	53	10.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	79	15.9	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	175	35.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	168	33.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	124	24.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	18	3.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	313	63.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
MT PLEASANT VILLAGE

Street Address:		City and State:	
225 BRITTON RD		MONROE OH 45050	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF/ICF	99	NON-PROFIT OTHER	04/04/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
67	14	0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	65	97.0	83.6	81.5
Dressing				
Residents requiring some or total assistance in dressing.	66	98.5	87.3	83.2
Toileting				
Residents requiring some or total assistance in toileting.	62	92.5	74.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	41	61.2	77.5	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	63	94.0	67.5	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	5.6	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	22	32.8	43.0	37.7
Completely bedfast residents.	0	0.0	3.4	3.4
Residents confined to chairs.	12	17.9	49.1	50.8
Residents requiring restraints.	30	44.8	43.2	41.3
Confused or disoriented residents.	60	89.6	59.0	58.4
Residents with bed sores.	4	6.0	7.6	7.1
Residents receiving special skin care.	0	0.0	28.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	6.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	13	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	8	1.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	57	12.7	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	86	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	5	1.1	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	60	13.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	103	22.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	96	21.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	54	12.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	72	16.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	107	23.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	73	16.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	91	20.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	72	16.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	133	29.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	113	25.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	50	11.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	30	6.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	56	12.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	153	34.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	138	30.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	60	13.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	49	10.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	10.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	143	31.8	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	21	4.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	283	62.9	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
MEADOWBROOK CARE CENTER

Street Address:		City and State:	
8211 WELLER RD		MONTGOMERY OH 45242	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF/ICF	156	NON-PROFIT RELIGIOUS	03/03/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
147	3	57

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	120	81.6	83.6	81.5
Dressing				
Residents requiring some or total assistance in dressing.	128	87.1	87.3	83.2
Toileting				
Residents requiring some or total assistance in toileting.	113	76.9	74.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	115	78.2	77.5	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	98	66.7	67.5	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	5.6	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	76	51.7	43.0	37.7
Completely bedfast residents.	6	4.1	3.4	3.4
Residents confined to chairs.	90	61.2	49.1	50.8
Residents requiring restraints.	62	42.2	43.2	41.3
Confused or disoriented residents.	60	40.8	59.0	58.4
Residents with bed sores.	5	3.4	7.6	7.1
Residents receiving special skin care.	41	27.9	28.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	6.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	13	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	8	1.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	57	12.7	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	86	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	5	1.1	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	NOT MET	60	13.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	103	22.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	96	21.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	54	12.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	72	16.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	107	23.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	73	16.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	91	20.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	72	16.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	133	29.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	113	25.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	50	11.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	30	6.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	56	12.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	153	34.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	138	30.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	60	13.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	49	10.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	10.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	143	31.8	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	21	4.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	283	62.9	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
EVERGREEN MANOR NURSING HOME

Street Address:		City and State:	
924 ROBINAIR WAY		MONTPELIER OH 43543	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF/ICF	50	PROPRIETARY	11/16/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
48	0	24

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	39	81.3	83.6	81.5
Dressing				
Residents requiring some or total assistance in dressing.	39	81.3	87.3	83.2
Toileting				
Residents requiring some or total assistance in toileting.	34	70.8	74.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	34	70.8	77.5	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	34	70.8	67.5	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	5.6	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	13	27.1	43.0	37.7
Completely bedfast residents.	1	2.1	3.4	3.4
Residents confined to chairs.	29	60.4	49.1	50.8
Residents requiring restraints.	18	37.5	43.2	41.3
Confused or disoriented residents.	30	62.5	59.0	58.4
Residents with bed sores.	13	27.1	7.6	7.1
Residents receiving special skin care.	13	27.1	28.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	6.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	13	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	8	1.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	57	12.7	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	86	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	5	1.1	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	NOT MET	60	13.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	103	22.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	96	21.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	54	12.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	72	16.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	107	23.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	73	16.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	91	20.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	72	16.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	133	29.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	113	25.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	50	11.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	30	6.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	56	12.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	153	34.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	138	30.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	60	13.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	49	10.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	10.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	143	31.8	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	21	4.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	283	62.9	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
PINE CREST NURSING HOME

Street Address:		City and State:	
463 E PIKE STREET		MORROW OH 45152	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	50	PROPRIETARY	05/01/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
49	0	36

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	43	87.8	78.6	78.3
Dressing				
Residents requiring some or total assistance in dressing.	45	91.8	81.6	76.7
Toileting				
Residents requiring some or total assistance in toileting.	37	75.5	65.9	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	36	73.5	71.1	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	39	79.6	62.7	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	8.0	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	25	51.0	33.9	29.3
Completely bedfast residents.	4	8.2	1.6	3.6
Residents confined to chairs.	13	26.5	37.3	39.1
Residents requiring restraints.	20	40.8	36.1	31.7
Confused or disoriented residents.	36	73.5	60.6	55.8
Residents with bed sores.	4	8.2	5.3	4.7
Residents receiving special skin care.	20	40.8	23.5	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	32	6.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	11	2.2	198	3.6
Each resident is free from mental and physical abuse.	MET	7	1.4	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	64	12.9	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	91	18.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	11	2.2	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.4	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	58	11.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	96	19.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	NOT MET	71	14.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	55	11.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	57	11.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	67	13.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	90	18.1	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	64	12.9	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	128	25.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	181	36.4	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	51	10.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	53	10.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	79	15.9	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	175	35.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	168	33.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	124	24.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	18	3.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	313	63.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
MORROW COUNTY HOSPITAL ECF

Street Address:		City and State:	
651 MARION RD		MOUNT GILEAD OH 43338	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF/ICF	10	LOCAL GOVERNMENT	08/29/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
9	3	3

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	9	100	83.6	81.5
Dressing Residents requiring some or total assistance in dressing.	9	100	87.3	83.2
Toileting Residents requiring some or total assistance in toileting.	9	100	74.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	9	100	77.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	8	88.9	67.5	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	5.6	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	5	55.6	43.0	37.7
Completely bedfast residents.	1	11.1	3.4	3.4
Residents confined to chairs.	4	44.4	49.1	50.8
Residents requiring restraints.	1	11.1	43.2	41.3
Confused or disoriented residents.	1	11.1	59.0	58.4
Residents with bed sores.	1	11.1	7.6	7.1
Residents receiving special skin care.	1	11.1	28.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	6.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	13	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	8	1.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	57	12.7	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	86	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	5	1.1	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	60	13.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	103	22.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	96	21.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	54	12.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	72	16.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	107	23.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

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		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	73	16.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	91	20.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	72	16.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	133	29.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	113	25.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	50	11.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	30	6.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	56	12.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	153	34.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	138	30.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	60	13.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	49	10.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	10.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	143	31.8	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	21	4.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	283	62.9	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
WOODSIDE VILLAGE CARE CENTER

Street Address:	City and State:		
WEST MARION ROAD P O BOX 81	MOUNT GILEAD OH 43338		
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	100	PROPRIETARY	08/06/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
98	0	98

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	98	100	78.6	78.3
Dressing				
Residents requiring some or total assistance in dressing.	98	100	81.6	76.7
Toileting				
Residents requiring some or total assistance in toileting.	98	100	65.9	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	98	100	71.1	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	86	87.8	62.7	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	8.0	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	46	46.9	33.9	29.3
Completely bedfast residents.	0	0.0	1.6	3.6
Residents confined to chairs.	38	38.8	37.3	39.1
Residents requiring restraints.	50	51.0	36.1	31.7
Confused or disoriented residents.	98	100	60.6	55.8
Residents with bed sores.	4	4.1	5.3	4.7
Residents receiving special skin care.	15	15.3	23.5	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	NOT MET	32	6.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	11	2.2	198	3.6
Each resident is free from mental and physical abuse.	MET	7	1.4	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	64	12.9	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	91	18.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	11	2.2	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.4	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	NOT MET	58	11.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	96	19.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	71	14.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	55	11.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	57	11.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	67	13.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	90	18.1	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	64	12.9	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	128	25.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	181	36.4	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	51	10.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	53	10.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	79	15.9	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	175	35.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	168	33.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	124	24.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	18	3.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	313	63.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
MT ORAB NURSING CARE CENTER

Street Address:		City and State:	
P O DRAWER K, VARLEY LANE		MOUNT ORAB OH 45154	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	25	PROPRIETARY	10/06/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
20	0	18

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY #	FACILITY %	STATE %	NATION %
Bathing				
Residents requiring some or total assistance in bathing.	17	85.0	78.6	78.3
Dressing				
Residents requiring some or total assistance in dressing.	16	80.0	81.6	76.7
Toileting				
Residents requiring some or total assistance in toileting.	14	70.0	65.9	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	16	80.0	71.1	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	12	60.0	62.7	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	8.0	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	11	55.0	33.9	29.3
Completely bedfast residents.	1	5.0	1.6	3.6
Residents confined to chairs.	8	40.0	37.3	39.1
Residents requiring restraints.	8	40.0	36.1	31.7
Confused or disoriented residents.	20	100	60.6	55.8
Residents with bed sores.	6	30.0	5.3	4.7
Residents receiving special skin care.	20	100	23.5	24.0

SELECTED PERFORMANCE INDICATORS

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		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	32	6.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	11	2.2	198	3.6
Each resident is free from mental and physical abuse.	MET	7	1.4	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	64	12.9	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	91	18.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	11	2.2	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.4	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	NOT MET	58	11.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	96	19.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	NOT MET	71	14.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	55	11.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	57	11.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	67	13.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	90	18.1	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	64	12.9	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	128	25.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	181	36.4	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	51	10.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	53	10.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	79	15.9	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	175	35.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	168	33.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	124	24.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	18	3.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	313	63.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
MOTHER MARGARET HALL

Street Address:		City and State:	
DELHI PIKE		MOUNT SAINT JOSEPH OH 45051	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	132	NON-PROFIT RELIGIOUS	12/11/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
129	0	10

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	100	77.5	78.6	78.3
Dressing				
Residents requiring some or total assistance in dressing.	74	57.4	81.6	76.7
Toileting				
Residents requiring some or total assistance in toileting.	60	46.5	65.9	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	49	38.0	71.1	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	68	52.7	62.7	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	8.0	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	49	38.0	33.9	29.3
Completely bedfast residents.	2	1.6	1.6	3.6
Residents confined to chairs.	34	26.4	37.3	39.1
Residents requiring restraints.	13	10.1	36.1	31.7
Confused or disoriented residents.	32	24.8	60.6	55.8
Residents with bed sores.	5	3.9	5.3	4.7
Residents receiving special skin care.	37	28.7	23.5	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	32	6.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	11	2.2	198	3.6
Each resident is free from mental and physical abuse.	MET	7	1.4	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	64	12.9	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	91	18.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	11	2.2	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.4	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	58	11.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	96	19.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	71	14.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	55	11.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	57	11.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	67	13.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	90	18.1	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	64	12.9	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	128	25.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	181	36.4	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	51	10.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	53	10.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	79	15.9	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	175	35.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	168	33.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	124	24.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	18	3.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	313	63.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
COUNTRY COURT NURSING HOME

Street Address:		City and State:	
1076 COSHOCTON AVE		MOUNT VERNON OH 43050	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF/ICF	122	PROPRIETARY	02/04/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
121	0	56

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	111	91.7	83.6	81.5
Dressing				
Residents requiring some or total assistance in dressing.	105	86.8	87.3	83.2
Toileting				
Residents requiring some or total assistance in toileting.	90	74.4	74.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	83	68.6	77.5	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	75	62.0	67.5	68.2
Residents on individually written bowel and bladder retraining program.	6	5.0	5.6	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	42	34.7	43.0	37.7
Completely bedfast residents.	3	2.5	3.4	3.4
Residents confined to chairs.	19	15.7	49.1	50.8
Residents requiring restraints.	63	52.1	43.2	41.3
Confused or disoriented residents.	42	34.7	59.0	58.4
Residents with bed sores.	2	1.7	7.6	7.1
Residents receiving special skin care.	34	28.1	28.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	NOT MET	27	6.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	13	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	8	1.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	57	12.7	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	86	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	5	1.1	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	60	13.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	103	22.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	96	21.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	54	12.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	72	16.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	107	23.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

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		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	73	16.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	91	20.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	72	16.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	133	29.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	113	25.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	50	11.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	30	6.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	56	12.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	153	34.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	138	30.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	60	13.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	49	10.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	10.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	143	31.8	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	21	4.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	283	62.9	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
MT VERNON NH

Street Address:		City and State:	
414 WOOSTER RD		MOUNT VERNON OH 43050	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	44	PROPRIETARY	02/10/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
29	0	27

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	24	82.8	78.6	78.3
Dressing				
Residents requiring some or total assistance in dressing.	25	86.2	81.6	76.7
Toileting				
Residents requiring some or total assistance in toileting.	16	55.2	65.9	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	15	51.7	71.1	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	17	58.6	62.7	59.1
Residents on individually written bowel and bladder retraining program.	11	37.9	8.0	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	16	55.2	33.9	29.3
Completely bedfast residents.	0	0.0	1.6	3.6
Residents confined to chairs.	8	27.6	37.3	39.1
Residents requiring restraints.	5	17.2	36.1	31.7
Confused or disoriented residents.	15	51.7	60.6	55.8
Residents with bed sores.	0	0.0	5.3	4.7
Residents receiving special skin care.	4	13.8	23.5	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	32	6.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	11	2.2	198	3.6
Each resident is free from mental and physical abuse.	MET	7	1.4	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	64	12.9	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	91	18.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	11	2.2	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.4	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	58	11.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	96	19.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	71	14.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	55	11.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	57	11.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	67	13.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	90	18.1	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	64	12.9	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	128	25.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	181	36.4	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	51	10.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	53	10.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	79	15.9	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	175	35.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	168	33.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	124	24.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	18	3.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	313	63.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
NORTHSIDE MANOR LIVING CENTER

Street Address:		City and State:	
13 AVALON ROAD		MOUNT VERNON OH 43050	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF/ICF	109	PROPRIETARY	09/02/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
47	1	15

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	34	72.3	83.6	81.5
Dressing				
Residents requiring some or total assistance in dressing.	39	83.0	87.3	83.2
Toileting				
Residents requiring some or total assistance in toileting.	34	72.3	74.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	34	72.3	77.5	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	22	46.8	67.5	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	5.6	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	13	27.7	43.0	37.7
Completely bedfast residents.	3	6.4	3.4	3.4
Residents confined to chairs.	32	68.1	49.1	50.8
Residents requiring restraints.	10	21.3	43.2	41.3
Confused or disoriented residents.	14	29.8	59.0	58.4
Residents with bed sores.	3	6.4	7.6	7.1
Residents receiving special skin care.	18	38.3	28.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	6.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	13	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	8	1.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	57	12.7	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	86	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	5	1.1	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	60	13.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	103	22.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	96	21.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	54	12.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	72	16.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	107	23.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	73	16.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	91	20.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	72	16.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	133	29.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	113	25.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	50	11.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	30	6.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	56	12.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	153	34.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	138	30.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	60	13.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	49	10.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	10.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	143	31.8	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	21	4.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	283	62.9	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
ROSE GARDEN NURSING HOME

Street Address:		City and State:	
303 N MAIN ST		MOUNT VERNON OH 43050	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	30	PROPRIETARY	08/12/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
20	0	11

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	19	95.0	78.6	78.3
Dressing				
Residents requiring some or total assistance in dressing.	20	100	81.6	76.7
Toileting				
Residents requiring some or total assistance in toileting.	16	80.0	65.9	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	17	85.0	71.1	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	15	75.0	62.7	59.1
Residents on individually written bowel and bladder retraining program.	17	85.0	8.0	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	6	30.0	33.9	29.3
Completely bedfast residents.	0	0.0	1.6	3.6
Residents confined to chairs.	8	40.0	37.3	39.1
Residents requiring restraints.	10	50.0	36.1	31.7
Confused or disoriented residents.	20	100	60.6	55.8
Residents with bed sores.	1	5.0	5.3	4.7
Residents receiving special skin care.	7	35.0	23.5	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	32	6.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	11	2.2	198	3.6
Each resident is free from mental and physical abuse.	MET	7	1.4	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	64	12.9	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	91	18.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	11	2.2	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.4	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	58	11.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	96	19.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	71	14.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	55	11.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	57	11.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	67	13.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	90	18.1	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	64	12.9	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	128	25.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	181	36.4	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	51	10.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	53	10.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	79	15.9	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	175	35.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	168	33.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	124	24.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	18	3.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	313	63.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
NORTHCREST NURSING HOME

Street Address:		City and State:	
ROUTE 2 NORTHCREST DRIVE		NAPOLEON OH 43545	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF/ICF	100	NON-PROFIT PRIVATE	02/04/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
96	0	44

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	76	79.2	83.6	81.5
Dressing				
Residents requiring some or total assistance in dressing.	65	67.7	87.3	83.2
Toileting				
Residents requiring some or total assistance in toileting.	47	49.0	74.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	44	45.8	77.5	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	38	39.6	67.5	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	5.6	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	18	18.8	43.0	37.7
Completely bedfast residents.	4	4.2	3.4	3.4
Residents confined to chairs.	12	12.5	49.1	50.8
Residents requiring restraints.	18	18.8	43.2	41.3
Confused or disoriented residents.	37	38.5	59.0	58.4
Residents with bed sores.	1	1.0	7.6	7.1
Residents receiving special skin care.	6	6.3	28.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	6.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	13	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	8	1.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	57	12.7	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	86	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	5	1.1	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	60	13.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	103	22.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	96	21.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	54	12.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	72	16.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	107	23.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	73	16.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	91	20.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	72	16.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	133	29.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	113	25.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	50	11.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	30	6.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	56	12.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	153	34.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	138	30.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	60	13.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	49	10.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	10.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	143	31.8	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	21	4.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	283	62.9	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
THE LUTHERAN HOME

Street Address:		City and State:	
1036 S PERRY STREET		NAPOLEON OH 43545	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	100	NON-PROFIT RELIGIOUS	11/04/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
98	0	25

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	72	73.5	78.6	78.3
Dressing				
Residents requiring some or total assistance in dressing.	82	83.7	81.6	76.7
Toileting				
Residents requiring some or total assistance in toileting.	70	71.4	65.9	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	64	65.3	71.1	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	69	70.4	62.7	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	8.0	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	28	28.6	33.9	29.3
Completely bedfast residents.	1	1.0	1.6	3.6
Residents confined to chairs.	39	39.8	37.3	39.1
Residents requiring restraints.	28	28.6	36.1	31.7
Confused or disoriented residents.	44	44.9	60.6	55.8
Residents with bed sores.	2	2.0	5.3	4.7
Residents receiving special skin care.	7	7.1	23.5	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	32	6.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	11	2.2	198	3.6
Each resident is free from mental and physical abuse.	MET	7	1.4	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	64	12.9	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	91	18.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	11	2.2	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.4	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	58	11.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	96	19.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	71	14.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	55	11.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	57	11.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	67	13.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	35	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	90	18.1	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	64	12.9	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	128	25.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	181	36.4	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	51	10.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	53	10.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	79	15.9	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	175	35.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	168	33.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	124	24.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	18	3.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	313	63.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
COUNTRY LAWN NH

Street Address:		City and State:	
10608 NAVARRE RD SW		NAVARRE OH 44662	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	131	PROPRIETARY	02/19/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
131	0	59

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	117	89.3	78.6	78.3
Dressing				
Residents requiring some or total assistance in dressing.	120	91.6	81.6	76.7
Toileting				
Residents requiring some or total assistance in toileting.	90	68.7	65.9	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	79	60.3	71.1	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	80	61.1	62.7	59.1
Residents on individually written bowel and bladder retraining program.	31	23.7	8.0	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	39	29.8	33.9	29.3
Completely bedfast residents.	2	1.5	1.6	3.6
Residents confined to chairs.	55	42.0	37.3	39.1
Residents requiring restraints.	34	26.0	36.1	31.7
Confused or disoriented residents.	86	65.6	60.6	55.8
Residents with bed sores.	4	3.1	5.3	4.7
Residents receiving special skin care.	15	11.5	23.5	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	32	6.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	11	2.2	198	3.6
Each resident is free from mental and physical abuse.	MET	7	1.4	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	64	12.9	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	91	18.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	11	2.2	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.4	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	58	11.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	96	19.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	71	14.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	55	11.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	57	11.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	67	13.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	90	18.1	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	64	12.9	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	128	25.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	181	36.4	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	51	10.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	53	10.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	79	15.9	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	175	35.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	168	33.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	124	24.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	18	3.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	313	63.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
LODGE NURSING HOME THE

Street Address:	City and State:		
23 OHIO STREET	NAVARRE OH 44662		
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	30	PROPRIETARY	11/05/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
30	0	19

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	18	60.0	78.6	78.3
Dressing				
Residents requiring some or total assistance in dressing.	30	100	81.6	76.7
Toileting				
Residents requiring some or total assistance in toileting.	27	90.0	65.9	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	28	93.3	71.1	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	21	70.0	62.7	59.1
Residents on individually written bowel and bladder retraining program.	18	60.0	8.0	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	12	40.0	33.9	29.3
Completely bedfast residents.	0	0.0	1.6	3.6
Residents confined to chairs.	18	60.0	37.3	39.1
Residents requiring restraints.	10	33.3	36.1	31.7
Confused or disoriented residents.	16	53.3	60.6	55.8
Residents with bed sores.	1	3.3	5.3	4.7
Residents receiving special skin care.	19	63.3	23.5	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	32	6.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	11	2.2	198	3.6
Each resident is free from mental and physical abuse.	MET	7	1.4	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	64	12.9	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	91	18.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	11	2.2	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.4	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	58	11.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	96	19.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	71	14.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	55	11.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	57	11.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	67	13.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	90	18.1	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	64	12.9	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	128	25.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	181	36.4	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	51	10.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	53	10.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	79	15.9	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	175	35.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	168	33.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	124	24.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	18	3.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	313	63.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
NAVARRE COMMUNTIY HEALTH CENTER

Street Address:		City and State:	
517 PARK STREET		NAVARRE OH 44662	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF/ICF	78	PROPRIETARY	01/15/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
58	0	46

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	39	67.2	83.6	81.5
Dressing				
Residents requiring some or total assistance in dressing.	56	96.6	87.3	83.2
Toileting				
Residents requiring some or total assistance in toileting.	46	79.3	74.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	58	100	77.5	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	35	60.3	67.5	68.2
Residents on individually written bowel and bladder retraining program.	2	3.4	5.6	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	19	32.8	43.0	37.7
Completely bedfast residents.	0	0.0	3.4	3.4
Residents confined to chairs.	45	77.6	49.1	50.8
Residents requiring restraints.	27	46.6	43.2	41.3
Confused or disoriented residents.	38	65.5	59.0	58.4
Residents with bed sores.	1	1.7	7.6	7.1
Residents receiving special skin care.	1	1.7	28.4	31.2

SELECTED PERFORMANCE INDICATORS

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		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	6.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	13	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	8	1.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	57	12.7	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	86	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	5	1.1	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	60	13.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	103	22.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	96	21.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	54	12.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	72	16.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	107	23.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

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		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	73	16.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	91	20.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	72	16.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	133	29.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	113	25.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	50	11.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	30	6.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	56	12.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	153	34.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	138	30.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	60	13.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	49	10.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	10.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	143	31.8	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	21	4.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	283	62.9	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

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DATE DUE

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